Psychotherapy with looked after children: some common themes and technical interventions

Psychotherapy With Looked After Children: Some Common Themes and Technical Interventions

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I declare that the work presented in this thesis is my own

Abstract

Looked After Children (LAC) were previously thought to be too damaged to use psychotherapy, however practice has moved on and LAC are increasingly making up a larger proportion of psychotherapist's case loads. The literature in this field consists predominantly of individual case studies focusing on the internal worlds of LAC. Although the experiences of psychotherapists working with this cohort have started to be thought about, this research uses Grounded Theory to explore the collective experiences and technical considerations of seven psychotherapists who were interviewed about their work with LAC. This approach enables a systematic exploration of this type of work and provides a more comprehensive understanding of current practice. The research reveals that it is possible to find specificity in the psychotherapeutic work being done with LAC and it both confirms previous ideas in this field as well as producing new insights. The categories produced by Grounded Theory enabled a theory to be developed about the work psychotherapists do *externally* with the network of adults surrounding the child and *internally* with the individual child in therapy. The *external* work is divided into problems in the network, the value of work with networks and the impact of this work on the individual relationship with the child. *Internal* work with the child is divided into a) making and pacing interpretations, b) whether to work with the transference and maternal transference, c) countertransference responses to deprivation and stretching boundaries, d) challenges to analytic neutrality and e) positivity. Overall the material has important implications for practice as psychotherapists feel they are often more flexible, warm and active with LAC. This research helps us to re-think what psychotherapy is for this cohort and encourages psychotherapists to feel that it is their psychoanalytic understanding, rather than strict analytic traditional approaches which can help reach these children.

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Introduction

Looked After Children (LAC) are children who are removed from their birth families and are looked after by the local authorities. Recent NSPCC statistics for LAC reveal that in 2012 there were over 91,000 looked after children in the UK. The four nations collect and publish their statistics differently, meaning it is not possible to collect exact figures for the number of children looked after in the UK. However in England 67,050 children were looked after on 31 March 2012. Most end up being cared for by foster families, while a minority of these children are placed in residential units and some are being placed with the hope of adoption. For those children who are placed with foster families, some may be subject to a care order, whereby parental responsibilities are entrusted to the local authority through its social services department. Other children in foster care maybe accommodated under a voluntary arrangement, whereby the local authority undertakes the day to day parental responsibilities on behalf of the parents although they do not acquire parental responsibility. Another route into care is through police protection or involvement with the youth justice system.

Children come in to care for many reasons when their birth parents are unable to look after them and LAC have often been subjected to physical, emotional or sexual abuse, as well various forms of neglect. They may have witnessed parental domestic violence, drug abuse or mental health issues. Information from the UK's parliament in 2011 regarding LAC reveals that other reasons for entering care maybe the child's disability, parental illness or disability, dysfunctional family situations often involving acute stress as well as socially unacceptable behaviour or low incomes. Again recent NSPCC statistics (2011/12) inform us that over half of looked after children in England and Wales became looked after because of abuse or neglect. Interestingly other statistics from the UK's parliament inform us that it is children between the ages of 10 and 15 years old who represent the majority of LAC and there are more boys (56%) than girls (44%) who are looked after. These distributions have remained relatively constant over the past 5 years. The growth in fostering has led to an increase in the number of specialist fostering agencies (Hughes, 1999). These types of provisions hope to provide support and training for foster parents in order to sustain these placements.

Hunter-Smallbone points out that Looked after Children (LAC) currently constitute a large part of the caseloads of Child and Adolescent Psychotherapists (CAPT's) working

in Child and Adolescent Mental Health Services (CAMHS). In a CAMHS Audit called Children in Mind which was carried out in 1999, we learnt that 9% of children seen in CAMHS were looked after, in comparison to 0.5% in the rest of the population (Kenrick, 2000). Kenrick (2000, pg 411) feels that psychotherapists have a responsibility to '*actively promote the value of psychotherapy for looked after children*'. The prevalence of LAC seen in CAMHS is something new and was not always the case, as previous practice did not recommend psychotherapy for LAC. In 1983 Boston and Szur wrote

> '*Children from such backgrounds have often not been considered suitable for psychotherapy both because of the practical difficulties and because they may be thought to be too emotionally damaged to make use of it*' (introduction, pg xiii)

This well known book was based on work with eighty deprived children who were in care when they received psychotherapy at the Tavistock and others clinics in North London. Psychotherapy with LAC was previously considered difficult or inadvisable and Boston and Szur wrote that it was Winnicott himself who warned of the dangers of these children acting out and the need for residential placements. Despite these concerns, at the time this book was written psychotherapists were finding themselves working with an increasing number of deprived children in care. As the workers at the Tavistock embarked on psychotherapy with these children, new thoughts began to emerge;

> '*Perhaps although not easily reversible, the damaging effects of early deprivation might be alleviated by appropriate therapy'* (Boston & Szur, 1983, pg3).

With a considerable amount of work, it was felt that change was possible and hopeful outcomes might be achievable. When it was realised that children could make use of this way of working, there was an eventual change in policy at the Tavistock and an increasing number of LAC were offered psychotherapy. In the same year Fry (1983) also wrote about how embarking on weekly psychotherapy with children in care was relatively new, as it was previously thought to be inadequate. Since then there has been

a huge shift in psychotherapists thinking about work with LAC. Boston and Lush (1994) demonstrate some evidence for psychodynamic therapy with LAC when they followed the psychotherapy of thirty one adopted and in care children. After two years of treatment, twenty six were considered by their therapists to have shown some degree of improvement. Twenty three of those showed considerable progress in both their external behaviour and in terms of internal change.

A great deal has therefore changed as we have moved from believing LAC children could not use this type of intervention, to finding that these children make up a large part of CAPT's caseloads. Hunter-Smallbone (2009) suggests that research has been insufficient in clarifying the types of problems which are interfering with these children's development and well-being. A recent Review by Jones et al (2011) highlights key factors which are associated with a range of outcomes for LAC, such as number of placements, behavioural problems and the age of the child at the first placement. There have been many other authors such as Henry (1974), Marsoni (2006), Edwards (2000), Kenrick (2000) and Jackson (2004) who have written articles about individual LAC focusing on their behaviours, inner worlds and emotional defences. These case studies will be explored further in the literature review.

The majority of the research and writing about psychotherapy with LAC, has tended to be based on individual case studies. The main focus of the literature has been on the child's presentation and on a psychodynamic interpretation of their inner worlds. Boston and Szur (1983) identified some common themes, many of which were first outlined in '*Psychotherapy with severely deprived children'*. This book includes many detailed descriptions of work with individual children. However they also began to think about technique. Another pivotal book was written by Hunter in 2001 called '*Psychotherapy with Young people In Care: Lost and Found'*. Although there has tended to be more of a focus on the internal worlds of LAC rather than the techniques used by the psychotherapists, this book not only describes many individual case studies but also really begins to focus on how technique needs to be modified and adapted to reach these children. She begins to make suggestions as to how this could be done, leaving open the question as to whether other psychotherapists are having similar experiences and making similar adaptations in technique?

Kenrick (2000) stresses that CAPT's should now use their experience to raise awareness of the experiences of Looked After Children. If these children are making up a large proportion of CAPT's work, it makes sense to think about what the profession already knows about the challenges of this work and how we can deepen our understanding. If they are no longer considered too damaged for psychotherapy, are there particular issues and emotions which arise in this work and are there different techniques which are used? This research therefore aimed to find out about the experiences of psychotherapists working with LAC. Although psychotherapy with every individual patient will of course be different this study aimed to find out if there were specific issues, common features or technical adaptations which arose in this work.

By using Grounded Theory which is a research method from the Social Sciences, I systematically explored any common themes which arose for psychotherapists. This approach enabled the experiences of psychotherapists to be brought together rather then relying on individual case studies. This topic has not been previously explored using a Grounded Theory approach. A further exploration into their experiences and their techniques was thought to be useful for the field of child psychotherapy as these children are making up an ever increasing proportion of our caseloads (Hunter-Smallbone, 2009). Common themes in relation to practice and technique with LAC, will be helpful to share amongst other professionals and will add to the resources which psychotherapists can draw from.

Literature Review

Psychiatric Diagnosis and Outcomes for LAC.

Broader empirical knowledge about LAC reveals that LAC suffer from a range of problem In 2008 Milburn et al, wrote about the mental health needs of LAC. They highlight how there are higher rates of mental health problems amongst LAC. These mental health issues cover the full range of social and emotional functioning and include behavioural disturbance, developmental delay, mood disorders, attachment disorders as well as post-traumatic stress disorder. They argue for mental health services for LAC with complex needs and highlight the value of early intervention. Slightly more recently Margaret Hunter-Smallbone (2009) also summarised government efforts and recent changes to support children who are looked after by Local Authorities. She highlighted the '*suffering and mental health disorders which are found in this population'* (Hunter-Smallbone, 2009). Comparisons with children living in their own families revealed that LAC were again at increased risk of having a mental disorder as well as an emotional or conduct disorder.

Dejong (2010) helpfully highlights some issues regarding psychiatric diagnosis within this population. She writes about how pre-natal influences, trauma, disturbed attachments, significant losses and adverse environmental conditions all combine to '*produce a complex constellation of symptoms and a pervasive impact on development that is difficult to categorize'* (pg589). Her point is that this level of complexity does not lend itself well to categorization and that the LAC population are often sub-threshold on a number of diagnoses but often do not meet the full criteria for particular diagnoses. These children may for example show quasi-autistic symptoms, sexualised or ADHD behaviours and abnormal eating patterns but these problems do not fit a diagnostic category.

Dejong also discusses the difficulties of diagnosing Reactive Attachment Disorder (RAD) in this population. This is observed when children are unable to develop a selective attachment to a caregiver and both inhibited and disinhibited attachment behaviours may be seen. RAD had its origins in institutionalised children but can be seen in maltreated or severely neglected children. However Dejong highlights that it is more usual to find LAC with some ability to form attachments although these are likely

to be insecure or disorganised. In relation to diagnosis, she questions at what point maladaptive attachments become disorders, again highlighting the difficulty of diagnosing this population. One response to these diagnostic struggles has been from van der Kolk (2005) who proposes the Developmental Trauma Disorder to be included in DSM-V as this bridges a number of diagnostic boundaries. However the current classification system means that the experiences LAC and their carers are not adequately recognized and are not satisfactorily described by usual diagnoses such as Conduct Disorder or ADHD.

Using the current diagnosis system there is however some sobering research about the mental health of LAC. Ford et al (2007) compare psychiatric disorders among LAC and children in private households. They found that LAC had higher levels of psychopathology, emotional difficulties and neurodevelopmental disorders. The 'looked after' status was independently associated with nearly all types of psychiatric disorders after adjusting for educational and physical factors. Greater support for LAC is indicated. AcAuley and Davis (2009) reveal that 45% LAC in England have a diagnosable mental health disorder which contrasts to one in ten in the general population. These mental health disorders meant there was a higher likelihood of these children having educational, health and social issues. This paper argues for early intervention and multidisciplinary approaches. Blower et al (2004) identified that it was not the recognition of the mental health needs of this population which was a problem but that more effective interventions were needed.

Psychoanalytic Literature

The work of Boston and Szur (1983) seems an apt place to start when reviewing the psychodynamic literature in this area as this was the first book to take account of the psychoanalytic work which was beginning to be done with LAC. This book highlights how Looked After Children are likely to have experienced trauma, possibly in the form of abuse or neglect which led them into the care system in the first place. Following these types of possible traumatic experiences, these children then experience separation from their birth parents, as well as possible repeated experiences of loss of subsequent foster families. The experience of '*multiple losses'* (Hindle & Shulman, 2008) has been written about elsewhere and has the potential to cause further trauma. Frequent changes of schools and friends as well as social workers may also cause significant disruptions.

Boston and Szur's (1983) book includes many individual case studies. They state that

> *'it is not easy to generalise because each child in this largish group emerges as a unique individual, who has developed his or her own way of coping with the deprivation experienced. Yet there are some strikingly similar themes' (pg 8)*

This is an important point in relation to the current research as I too am aware that psychotherapists may not be able to generalise about LAC, their experiences or their changes in technique. However Boston and Szur found that there are similar themes in relation to the presentation of these children and therefore there may indeed be common themes among the experiences of psychotherapists working with these children.

The bulk of Boston and Szur's book uses these case studies to explore the common themes and issues which many LAC children have around abandonment, deprivation, sexuality, aggression, guilt and various types of identifications with the aggressor or the idealised parents to mention a few. The book also describes assessments for psychotherapy of LAC and their treatment approach which was based on the ideas of Melanie Klein. They describe providing a regular time and place for the therapy as well as using a child psychotherapy box containing toys for each individual child. They also write about the '*neutral, non-directive attitude'* (pg 6) of the therapist and the development of a transference relationship. The therapists convey their understanding of the child's communications by making interpretations. This sounds like standard practice within child psychotherapy, however they continue by acknowledging that these children present considerable technical difficulties and are not easy to treat.

Although the main focus of the book is the internal worlds of LAC, it is through descriptions of the individual children that these technical problems are touched upon. Regular attendance can be harder to establish as these children do not have an expectation of continuity. They also particularly struggle with breaks which are reminders of previous losses. Boston mentions the technical problem of withdrawal and silence. There are descriptions of how the difficult behaviour of LAC can be hard for the therapist to tolerate as the children can endlessly evacuate their unwanted feelings.

Much of the work is therefore about containment. They found issues around aggression and cruelty and that therapists need to resist being drawn into vicious cycles. They also found that limits need to be set and sessions sometimes ended until the patient can regain control. It is suggested that premature interpretations may often be experienced by the child as an aggressive attack. The timing and wording of interpretations must be sensitively thought about as LAC find compassion hard to accept. This short chapter leads to further questions about current practice and whether other psychotherapists come up against similar technical issues with LAC. There is a need to understand more about the challenges psychotherapists face in this work and how exactly these are thought about and managed.

Hoxter (1983) wrote a chapter about the feelings aroused when working with deprived children, which is also very relevant to the current research. She describes exposure to intense suffering, rejection, hatred and deprivation. Therapists can be made to feel like the uncaring parent of the past. She warns of the therapist's strong emotional reactions and the need to be vigilant in ensuring that their own defences do not impede their capacity to be receptive. She also warned of being '*drawn into playing a part in the cycle of deprivation'* (pg 126). Therapists can feel guilty that they are *only* providing therapy and may have fantasies about rescuing or fostering the child. However she felt the child needs someone who can allow them to feel their feelings rather than someone who feels sorry for them or tries to make up for previous deprivations. So are other therapists today dealing with these feelings of wanting to provide more for the child and if so how are they managing these painful encounters with deprivation?

Hoxter also wrote about feelings of anger and blame which therapists may have in response to what these children have been through. She wrote that *'feelings of injustice, frustration and the wish to blame someone seem to be endemic in this field of work'* (pg 127). This can become harmful to the child if the anger is passed on rather than contained. Again she touches on the technical problem of containing the child's anger and aggression while trying to maintain a thinking stance and keep ones own sadism in check.

Lack of containment

Much of the other writing in this area is in the form of articles based on individual cases studies which focus on the behaviours and defences used by these children in therapy while only making reference to the experiences of the psychotherapists. A thorough look at these papers and the ideas about the internal worlds of LAC is important as this tends to be the focus of the literature on LAC. The literature suggests that not only do this group of children have particular experiences, they also lack certain experiences. They are unlikely to have receptive and thoughtful parents who are able to help them contain and make sense of their experiences (Kenrick, 2000; Marsoni, 2006). This theme is pursued by Hindle (2000) when she writes about how these children have been deprived of someone who can clarify, process and make emotional sense of what had happened to them. As Rocco-Briggs (2008) asks; who owns these children's pain when this emotional task is not done by their parents? She suggests that this difficult task can then fall to the network which needs to perform this crucial parental function by working hard to become integrated and self-reflective. Hindle and Shulman (2008) suggest that early fragmented experiences and a lack of continuity or early attunement can lead to difficulty in building up inner resources in order to make sense of experiences. They sum up by writing *'separation, loss, neglect, abuse or lack of emotional containment affect children in different and cumulative ways'* (pg 12). Canham (1999) highlights that LAC who do not experience containment or have their experiences ordered for them will experience distortions in their perception of time, as well as having a confused sense of past, present and future. The question becomes an intricately complex one of how the numerous external hindrances affect the internal worlds of these children.

Loss and mourning

Perhaps unsurprisingly the literature points to the enormous task these children have of dealing with the loss of their birth families and the process of mourning. Ironside (2009) suggests that a Looked After Child's sense of self will develop in the context of loss. The psychotherapist therefore must be able to reflect upon *'the extreme unresolved states of mourning often experienced by foster children'* (pg330). Hunter-Smallbone (2009) takes this a step further claiming that the task of mourning is at the very heart of psychotherapy with Looked After children. Hindle and Shulman (2008) suggest that the child must simultaneously form new attachments as well as mourning the loss of their

birth parents. Surely one process is very much dependant on the other in that mourning the loss of the birth family may be a crucial step in actually enabling the growth of new attachments (Fahlberg, 1991).

Hunter (2001) brings these ideas to life when she described her work. While she describes 'Jake' as being in a state of mourning, she says 'Jenny' experiences both sadness and longing for what has been lost. She also describes 'Polly' who fears losing the therapist and constantly expects the therapist to drop her and disappear. Similarly Jackson (2004) describes 'Yasmin's' fear that the therapist will be lost forever. Both these authors highlight the children's struggles with beginnings, endings and breaks. Perhaps their experiences with previous endings and the associated loss made these aspects of the sessions particularly pertinent. Breaks and endings in psychotherapy can however provide the child with the opportunity to share and process, the sadness and loss in the transference (Hindle, 2000). The capacity to bear loss may depend on a supportive and containing environment as well as the child's internal resources (Hindle & Shulman, 2008) however the opportunity to mourn for their losses can indeed be provided by psychotherapy.

This process of mourning and the opportunity for establishing new bonds may be even more complex for children who still have some contact with their birth families. Kenrick (2000) suggests that each separation reactivates the trauma of the earlier loss. Surely for these children the repeated encounter with loss and separation from their birth families makes the process of mourning near impossible. Hunter (2001) highlights those children who reach adolescence and are impelled to go back and renew links with their birth families. Because of their internal models of the way relationships work, they are drawn back to the danger they had been rescued from. The option of being able to develop alternative identifications with the foster parents is not available, as they have not mourned or lost hope about the birth family. For these children, mourning the loss of their birth families may never be contemplated, as the pull back is too strong. This literature focusses heavily on the experiences and internal worlds of LAC, rather than the experiences of psychotherapists.

Anger

What then does the child who has experienced such losses feel about their experiences? Although children will invariably have very individual experiences and responses, case studies suggest there is inevitably an enormous amount of anger and aggression about feeling they have been abandoned and dropped by their birth parents. Hunter-Smallbone (2009) highlights that not all barriers to progress are external ones and that these children are often angry, self-destructive and despairing. She specifically states that the work of mourning, involves these feelings of anger and aggression. As Hopkins (1986) highlights the child must be able to grieve, as well as be appropriately angry about their losses. Anger and disturbing experiences may be acted out if the child begins to make new attachments (Rocco-Briggs, 2008). Equally, anger and aggression can be acted out within the therapy room. Psychotherapists have repeatedly described angry, hostile, aggressive, self-destructive and dangerous behaviours in their consulting rooms (Boston, 1972; Henry, 1974; Hindle, 2000; Hunter, 2001; Jackson, 2004; Kenrick, 2000; Marsoni, 2006). Hunter (2001) captures this experience when she describes a patient as *'a warrior about to engage in battle'* (pg14), while Hindle (2000) describes her patient who wants to get revenge. Are anger and aggression therefore areas which psychotherapists find themselves in particular having to manage with LAC and do they feel this impacts on their technique in a certain way with these specific children?

Sense of self

In contrast to their angry feelings these children also feel a great deal of guilt (Hunter-Smallbone, 2009) and despair (Hunter, 2001), as they wonder if they are to blame for driving their parents away. Newbolt (1971) describes a case study with a child in care who had a sense of being bad. Associated with this guilt, are many fantasies around the idea of punishment as these children grapple with questions such as; am I to blame? Was it my fault they left? Do I deserve to be punished? The sense of self can be crippled by fears that they are not loveable and core beliefs of unworthiness (Fonagy, 1992). Can these children find hope about being able to succeed or does this sense of despair and unworthiness fatally interfere with their development? Hunter (2001) believes there is often an unconscious seeking of failure and punishment. This perhaps serves to reinforce core beliefs about being to blame and explains further self-harm and self-destructive behaviours. I wonder how psychotherapists experience and process these encounters in their work with LAC?

Attachment

As already illustrated, these children may experience highly complex, ambivalent emotions towards their birth parents. Hopkins (1990) highlights how attachment theory can shed light on the conflicts aroused by attachments to abusive parents. If the very adults, who these children should be relying on for love and protection, are simultaneously the source of fear or abuse, then these children are likely to develop insecure attachments. Hughes (1999) informs us that not only have many attachments been broken due to the child's removal from the home, but even before this, it is likely that there may have been distortions in nature of the early attachments. Emanuel (2002) describes the disorganised/disorientated attachment which many LAC have in relation to a frightening carer, as they become 'frozen' when they are unsure whether to approach or flee. Authors repeatedly describe children who are hungry for love and have a strong wish to belong. However their ambivalence and mistrust makes forming secure attachments very problematic. Psychotherapists and foster carers may frequently be on the receiving end of the child's contradictory impulses to withdraw and approach (Hunter, 2001). Are there particular types of attachment issues which psychotherapists have to find ways of working with when trying to form therapeutic relationships with LAC?

Identification

These early attachments may have complicated implications for the child's sense of belonging and search for an identity. Hughes (1999) speculates about some themes in psychotherapy with these children and believes that the wish to know about their origins and their parents is part of a search for an identity. Henry (1974) describes her patient's identification with an idealised, always available mother. Indeed some children will continue to deny the harm done to them by their birth parents, preferring to retain an idealised image of them. Reality can become distorted in order to defend their birth parents and retain their precarious attachments. However Hindle (2000) points out the dangers of this, writing *'prolonged loyalty towards, or identification with, a lost object may interfere with opportunities for healthier development'* (pg370).

Children may long for the previously abusive parent and feel deeply ambivalent about being removed to a safer place (Hunter, 2001). Rather than identifying with an idealised

version of a birth parent as previously described, others take a different route in their search for an identity. They may utilise the defence of Identification with the abuser which has been referred to by psychotherapists working with Looked After Children (Hughes, 1999; Hunter, 2001). In order to maintain their attachment and establish a sense of identity in relation to their parent, they actually identify with the abuser themselves. Although this may have served the purpose at the time by saving the child from the terror of the abuser, this defence will cause developmental problems if it persists.

Deprivation and repetition

Authors in this area also highlight the crucial premise within psychotherapy; which is the tendency to repeat. As Freud (1914) originally told us *'what cannot be remembered gets repeated'* and continues to be repeated until it is understood. This repetition compulsion has far reaching implications for these children who often have '*a deeply held belief that human relationships are intrinsically cruel, violent and destructive'* (Hughes, 1999). These beliefs about relationships may be repeated. One particular aspect of the past which, Looked After Children may repeat with devastating consequences, is their unconscious expectation of finding further deprivation in relationships with caring adults. This idea was initially captured by Gianna Henry (1974) in her paper fittingly entitled 'double deprivation'. A quote from her description of the work she did with a young person best encapsulates this cycle of deprivation

> *'There was first a deprivation inflicted upon him by external circumstances over which he had no control whatsoever. Second, there was a deprivation deriving from internal sources; from his crippling defences and from the quality of his internal objects, which provided him with so little support that he was made an orphan inwardly as well as outwardly'* (pg89).

She describes a chain reaction of rejection. The child who is deprived and rejected in early life, becomes unreachable, detached and very difficult to establish contact with. As a consequence Henry describes the pressure this child puts on subsequent external objects, such as the foster parents or therapist, to also give up and to become equally hardened. These new hardened objects are then re-introjected, only to reconfirm the child's belief in the existence of hard, rejecting and depriving objects. Through the

development of '*crippling defences'* and due to the unconscious expectation that future object relations would hold only further deprivation, the child deprives himself of the possibility of establishing different and positive relationships. These types of encounters are self-destructive and heartbreaking for all involved. They highlight the devastating consequences of this compulsion to repeat.

These children's tendencies to repeat and their ambivalence about belonging, makes it incredibly difficult for foster parents to establish different kinds of bonds with these children and to offer them a place to belong. Well meaning foster parents and indeed adoptive parents, may be utterly bewildered when the love they offer is not accepted. Rocco-Briggs (2008) describes the effect on carers, of children's expectations for finding future deprivation. A sense of mutual deprivation is experienced, as carers are left feeling unable to offer the child what they need. It is therefore essential that these children's present relationships and feelings are acknowledged in context of their past. As Hunter (2001) suggests; any new relationships can be all too easily be pushed into the same pattern as previous ones, leaving good carers feeling powerless, despondent and neglectful. Foster parent's feelings of failure have so frequently been taken up by many authors such as Hughes (1999). Ironside (2009) also highlights the difficult task of foster parents who must retain a reflective capacity. Their task is to get close enough to the child's emotions, while remaining distant enough to be able to bear this and not become overwhelmed by it. Foster parents who become infiltrated with feelings of despair at worst feel they have failed and as a consequence placements may break down.

Hunter-Smallbone (2009) illustrates how this cycle of deprivation also repeats itself in the relationship with the therapist. Alternating approach-avoidance emotions and behaviours are often expressed towards the therapist. Although there is a desperate need and hunger for this relationship, they show *'utter confusion as to what to do with it'* (pg 8). A one-to-one therapeutic relationship reflects that of the dyad with the birth mother and inevitably revives previous emotional experiences (Hindle & Shulman, 2008). Henry (1974) and Kenrick (2000) both highlight this dilemma, describing the danger in the attraction of a close relationship. As soon as the child starts to feel understood by the therapist, they recoil from this unknown and frightening relationship, destroying what has been established. It is the possibility of hope and the exposure to what they had

previously been deprived of, which leads to re-experiencing feelings of deprivation, renewed resentment and the desire to destroy. Moments of hope are hard to sustain, as the child may have very little belief in a good object or its protective role (Marsoni, 2006).

Once again it is Hunter's (2001) case studies which bring to life this notion of the child who simultaneously longs for contact and a sense of belonging, but keeps the therapist at a safe distance. Quotes from her work, best illustrate this dilemma. She writes about 'Jenny' saying '*as suddenly as she'd come near to me she sprang away'* (pg 10). She describes 'Elouise' who has a similar dilemma as she craves a relationship but fears that throwing light on feelings will be upsetting. 'Vincent' is described as a child who has a hunger for relationships and has learned how to draw people in, but at the same time despairs that '*relationships quickly soured, get messed up and result in rejection*' (pg18). Hunter movingly describes how underlying 'Jenny's' contradictory feelings about a therapeutic relationship, is her expectation of deprivation and '*her experience of an empty, depleted 'other', her experience of a gift that holds only disappointment'* (pg11). Therefore she instinctively and automatically rejects what is on offer in the future. Other children criticise offerings or defend against the therapist by denying that they want or crave anything at all.

In the same way that foster parents often end up feeling they have failed, psychotherapists describe struggles with similar feelings and experiences in the consulting room. It is these aspects of the existing literature which are particularly relevant to the current research. Hindle (2000) describes feeling hurt by rejections from the child and subsequent feelings of helplessness. Jackson (2004) also describes feelings of being abandoned, rejected and left out during the sessions, as they became caught up in this cycle of mutual deprivation. Marsoni (2006) describes similar feelings which were projected from the child. While the child ignores her and attempts to obliterate her presence, the therapist is left feeling useless, powerless and despairing. Once again Henry's (1974) writing on 'double deprivation' explores how the therapist was faced with defensive projective identification. While the adolescent repeats what is familiar to him and places the therapist in the role of the insensitive mother, the therapist begins to feel negligent, unavailable and unable to provide. While it seems the child may indeed do their utmost to repeat and re-enact this cycle of deprivation within the therapeutic

relationship, the therapist must be vigilant not to get drawn in to this destructive cycle. I wonder if deprivation is a key aspect which psychotherapists will talk about when are asked about their work? Do they find themselves becoming the hardened object which the child expects them to be and if so how do they feel about this and how do they respond.

Trauma and attacks on linking

Most children in the care system have experienced early trauma and authors have thought about the effects of this trauma on LAC. Henry (1974) introduces Bion's (1959) concept of 'attacks on linking' in relation to a Looked After Child. Henry describes her patient who made attacks on links within his mind; his mind was vacant of both feeling and meaning. A second type of an attack on linking was also made which was the loss of contact between the patient's mind and that of the therapist. Henry believes these attacks on linking or understanding are also a great source of deprivation, as the child's mind is left struggling to connect information or to learn. Marsoni (2006) also describes how trauma can lead to disruptions in mental structures, as the mind is overwhelmed by an emotional flood which breaks through the protective skin. Devastatingly the child is left without the capacity to think and with no ability to make sense of what has happened to them. Marsoni highlights the impossibility of being able to *'think about or make sense of a trauma in the absence of an apparatus for thinking*' (pg316).

What then happens to these experiences or feelings if they meet a mind which cannot think or make links and is in many ways mindless? Kenrick (2000) describes a child who simply lost touch with many things without them being understood, while Jackson (2004) writes of a child who possessed no 'in' and had no sense of who she really was. Ultimately many experiences, feelings and thoughts become unthinkable. As there is no ability for reflection, unthinkable thoughts may have two fates. They may be repeated through acting-out and become subject to the compulsion to repeat as previously described. Alternatively they may be split off and evacuated, which will be expanded on below as further defence mechanisms are explored.

Defences

Due to the possible experiences of this specific group of children, writers also suggest that there are certain types of defences employed by these children. Kenrick (2000)

describes how these children develop deep-rooted and powerful defences, which on first sight can give the illusion of resilience. Hunter (2001) also describes these strong defences which are often utilised in response to the intense levels of fear experienced by these children. She believes that it is these children who have become 'stuck' with these rigid defences, who are in need of psychotherapy. She describes *'those who have become stranded behind defences that they once needed but which are now an obstacle to their moving on'* (pg23). Defences which were previously essential for psychic survival, may become entrenched and subsequently detrimental to development, even once the danger has subsided.

Perhaps the most powerful of these defences is that of splitting. Ordinarily there are chances to unite contradictory feelings of love and hate, however opportunities for Looked After children to integrate these emotions may have been prevented due to traumatic starts in life. Hunter (2001) suggests that ambivalence can often be intolerable for these children. This lack of tolerance for thinking about contradictory feelings, suggests a tendency for 'black and white' or 'all or nothing' thinking.

Authors in this field believe that splitting can manifest itself in a variety of ways. Edwards (2000) describes children who were unable to integrate love and hate towards their primary objects and remained in a state of hyper-vigilance. If children have never had the opportunity to achieve a realistic and mixed picture of parents who were both loved and hated, then they may feel persecuted by bad objects and split off objects into all good idealised ones. When the good and the bad cannot be linked together to create a realistic perception of objects or when facts and fantasies cannot be distinguished, defensive splits are likely to occur. Hindle and Shulman (2008) write about a different kind of splitting; not in relation to a particular parent, but to sets of parents. They described how children who have been adopted or fostered, not only have the challenge of managing contradictory feelings in relation to one set of parents, but have to do this in relation to two sets of parents. One way of attempting to manage this may be to split the sets of parents, by idealising the birth parents whilst hating the foster parents, or the other way round.

Keeping love and hate so separate will inevitably have an enormous impact on a child's sense of self, (Hindle & Shulman, 2008) the way they approach others and their outlook

on life. Other defensive responses may be splitting of the self and of emotions. Defensive splitting-off of pieces of the self and ignoring reality by keeping certain information in a different part of the mind (Hunter, 2001) is also a reoccurring feature in the case studies describing work with Looked After children. Henry (1974) describes how splitting and projecting both good and bad parts of the self into others, can leave the child depleted. The unacceptable, intolerable parts of the self can be split off and disposed of. By projecting these into others, the child is left devoid of feelings and therefore depleted. For example needy or dependent parts of the self can be split off and the powerful defence of omnipotence can be utilised. Trauma may be split off and angry or negative feelings denied. Hindle (2000) describes a child who denied any negative feelings towards the mother and how this absent, idealized mother was *'intertwined with the omnipotent part of himself'* (pg387). Splitting and omnipotence were used as powerful defences against dependency and loss.

In the same way that the child's unconscious expectation of finding further deprivation, can affect future relationships with foster parents and therapists, so do the defensive mechanism's of splitting and projection. Ironside (2009) highlights how foster parents must be able to bear these projections as the child reverses the situation and makes the parents suffer their intolerable feelings. They must be mindful of acting out themselves. Rocco-Briggs (2008) focuses on the unbearable pain which children can evoke in the network, as they project their unwanted feelings. Again professionals must be wary of acting out or re-enacting a repetition of the child's unconscious dynamic. While the child's expectation of deprivation left therapists feeling depriving and despairing, the child's splitting, meant that feelings could also be projected onto the therapist making them into a hostile and even abusive figure (Jackson, 2004).

A different defensive mechanism which is indicated in Hunter's (2001) work, is the children's use of activity in the room. She found the level of activity and these *'rapid changes of direction disconcerting'* (pg11) as they left no space for thinking and feeling. Others describe '*a whirlwind'* in the form of a child who rushes in a disorganised way from one state to the next (Kenrick, 2000, pg 398/399) or children who are always on the go, fleeing into action and allowing no possibility for joining thoughts and feelings (Hindle, 2000). Jackson (2004) describes his patient's manic behaviour and the *'frenzied… rush to get her experience out'* (pg 57). Their work seems

to describe a tendency to powerfully and manically enact something unthinkable; to omnipotently control their trauma by *'converting an experience of total passivity into activity and control'* (Marsoni, 2006, pg316). Therapists consequently describe feeling left unbalanced, slow, overwhelmed with dilemmas, unable to think and ultimately mindless.

Technique with LAC

As illustrated, the main focus of individual case studies with LAC has previously been on the internal world of the child. As explored above Boston and Szur (1983) did begin to touch on technical difficulties and the therapist's experiences, but what else has been written about the experiences of psychotherapists when working with Looked After children? As described above writers have begun to think about these children's ability for mentalization and how much thinking and linking can take place in therapy (Fonagy, 2000; Henry, 1974; Kenrick, 2000; Marsoni, 2006). Are these issues which psychotherapists feel have an impact on the techniques they decide to use? Some authors have indeed begun to focus on technique and suggest that there needs to be some serious consideration of the techniques employed by psychotherapists. Hunter's (2001) book *Psychotherapy with Young people In Care: Lost and Found* is based on psychotherapy with 80 children in care and deserves particular attention in terms of technique. She clearly states that psychotherapy with children in care is different. She writes that this work "*requires modification of therapeutic practice*" and that "*the process has to be adapted to reach these otherwise unreachable children"* (pg1). She believes that techniques which are based on treating children who live in birth families, need to be adapted for LAC.

Hunter (2001) makes a number of suggestions in relation to how technique could be adapted. She describes a need for experiencing, bearing and holding these feelings for longer than usual before making interpretations. She found that the therapist may need to wait longer before offering their insights. Newbolt (1971) agrees and in her case study of therapy with a child in care she describes many occasions when she did not interpret feelings or ideas as she felt that this child needed her defences.

Kenrick's (2005) paper highlights technical dilemmas when working with LAC or adopted children and focuses on making interpretations. This paper is from a Kleinian

perspective and she reminds us how Klein felt it was necessary to make early and deep interpretations which were centred around the analysis of the transference. Kenrick however wonders how and when to make interpretations with LAC and how to maintain a psychoanalytic stance with children whose lives and development have been impinged on in this way. Her examples of work with LAC deal with the issue of how to know when it is the right moment to interpret the past in the present. She reminds us that Rosenfeld (1987) warns that interpretations in the transference or countertransference can be harmful to traumatised patients who may experience them as repetition by the analysts of a demanding self-centred object. Kenrick thinks about how it can often feel too painful to say anything and that a wrong interpretation is less likely to be tolerated by a LAC. She writes

> *'For fostered and adopted children, not being understood could, almost literally, have been a matter of life and death, or of a malignant misunderstanding; but being understood too well can in itself be persecuting or can put them in touch too poignantly with early deprivation' (2005, pg 38)*

I wonder then if other psychotherapists are struggling with how and when to make interpretations with LAC and if so how do they manage and think about this? Jackson (2004) raises a slightly different issue in relation to making interpretations and describes how offering insights about the play and interpreting feelings simply was not enough with his patient. The therapy involved acting with the child in response to their more immediate intense demands. Not only bearing witness to their experiences but also entering into a world and script with the child so as to establish a connection. He had to repeatedly demonstrate the ability to stand and survive this kind of process.

Henry (1974) describes how with her patient, understanding and interpreting phantasies about blame were not enough. Interpretations were treated as mere background noise. What was being demanded was something more immediate; the capacity to contain and survive hostility and blame in a way that the original object had not. She highlights how extraordinarily difficult the creative process can be when the therapist is *only* allowed to act as a passive container for projections. Marsoni (2006) describes the same function of the therapist; to simply receive communications, to name feelings, to keep thinking, to

survive the attacks. As she describes it, to essentially perform alpha function by containing all the emotional experiences. In this case not only were interpretations ignored, they were thought to increase the anxiety. Edwards (2000) too describes how interpretations may not be sufficiently holding for the child who feels emotionally dropped. These children might actually need physically catching or holding in the room as they dangerously jump from furniture or repeatedly demand to be caught. This more immediate experience within the session may be the child's desperate need for support against emotional collapse and an attempt at gaining some kind of experience of emotional holding. Hughes (1999) hopes that through the process, the child may eventually be helped to notice their own responses and feelings.

What seems to be described across these case studies is that the therapist must remain emotionally available and engaged with all these experiences, while simultaneously remaining mindful and thoughtful in a way which the child was unable. The therapists challenge is to not become mindless, in the midst of an emotional bombardment. I wonder if psychotherapists feel they have different aims in their work with these children? Are these authors hoping that the traumatised Looked After Child might eventually be able to start to develop an apparatus for thinking about their experiences? They might begin to be able to create links if they are able to find a reliable object who can simply contain their experiences and projections? Could this basic function which was perhaps never performed, be the crux of this kind of psychotherapy rather than the classical interpretations? As Hughes (1999) suggests the therapy may involve helping them to realise they have their own mind. I wonder if this work is not at times more similar to Fonagy's mentalisation based therapy than Freud's classical technique? Further exploration is surely essential. The literature in this field has placed so much more of an emphasis on the internal worlds of these children, while paying less attention to what is required from therapists.

In addition to struggling with how to make interpretations, Hunter (2001) also raises the technical difficulty of *"interpretations with the word 'mother' in them*" (pg172) suggesting that these can be very painful and confusing for a child who does not live with their birth mother. How then do other psychotherapists think about interpreting transference, particularly the maternal transference? She also found it useful to follow Anne Alvarez's (1985) suggestion of making interpretations which have a positive

ending, rather than a negative one. For example it may be more helpful to say to a child that they find it hard to imagine the therapist will be there to meet them next session, rather than interpreting how the child is afraid that the therapist will not come back at all next week. LAC may be particularly prone to hearing and focusing on the negative things which are said to them and therefore these subtle differences in wording may be crucial.

Hunter also found that with LAC she sometimes needs to be even more communicative and receptive as the silence of the room can be terrifying for the child. She refers to one patient who struggled to stay in the room, as they had previously been locked in a room with their abuser. Patients may also need reassurance before thinking about feelings and fears. She also recommends that abusive experiences need to be acknowledged by the therapist. I wonder if these are things which other psychotherapists find themselves doing? In addition she also emphasizes the importance of long term work and if possible, more intensive work.

Technique with other cohorts

It is important to think about technique with LAC within the context of the existing psychoanalytic literature on adaptations of technique with adults and borderline, deprived, traumatized and autistic children. When working with adults there has been recognition of the need to adapt technique by those such as Self Psychologists, Allan Schore and the Boston Study Group, who were informed by developmental research. For children who are autistic or are borderline, deprived or traumatised there has been acknowledgment of the need to adapt technique and it is likely that there may be overlap with LAC. The Hampstead Clinics Borderline workshop focused on the meaning of 'borderline' and technical issues relating to treatment. Rosenfeld and Sprince (1965) write about how borderline children experience interpretations as permissive and that interpretations of phantasy can escalate anxiety. They conclude that it is necessary to facilitate defences such as repression and displacement. They think about much ego support, reassurance and encouragement of the positive should take place.

Alvarez (1985, 1992) discusses technical issues with borderline, autistic, deprived and abused children while Lubbe (2000) focusses on technique with borderline psychotic

children. Alvarez (1992) emphasizes how these children may need their projections accepted and held onto while they are unable to own them. She also highlights that interpretations of phantasy can escalate anxiety. Slade (1997) suggests that disturbed children cannot separate language from action and actuality. Fonagy (2000) too highlights that interpretations may not have the expected outcome with borderline patients who cannot mentalise. When making interpretations Alvarez (1992) suggests '*turning the idea around'* in order to ensure that the child does not leap to hearing something negative in what is being said. Alvarez (1985) also writes about the times when we may need to facilitate defences as children who have suffered so deeply cannot hope to tolerate bad without development of good.

Hurry's (1998) book '*Psychoanalysis and Developmental Therapy'* specifically focuses on technique with more damaged egoless children. Technique has been influenced by advances in understanding of developmental disturbances and attachment. Hurry distinguishes classical analytic elements from developmental aspects of therapy. Not only will a child develop transference relationships to the therapist, but they may also use the therapist as a new developmental object, with whom they can have a different emotional experience. In addition, more recently Independents such as Lanyado and Horne (2007) write about how their technique with children has changed over the years. They describe flexibility in their approach and a willingness to depart from traditional techniques. They highlight that change does not only occur through transference interpretations and emphasize the value of being 'playfully present' especially with deprived or abused children who cannot play. Lanyado (2004) writes about working with traumatised children and the importance of maintaining a balanced view on life. This involves being able to be in touch with a patient's pain and trauma as well as remaining buoyant and hopeful about the potential for change. She describes how a willingness to adapt traditional psychoanalytic ideas has meant that psychoanalysis can become a helpful process for deprived, traumatised, abused, autistic and disabled children. Many of the above ideas are likely to be highly relevant to work with LAC.

Network

Aside from the actual technical difficulties in the room, psychotherapists have begun to write about the enormous amount of time and energy which is consumed in simply trying to make contact with the network. They describe the importance of creating some

kind of containing framework from which psychotherapy can then take place. Again Hunter (2001) advises that therapists need to be particularly aware of the external situations which surround these children. She feels it is crucial to share the load and make strong partnerships with others in the network. Newbolt (1971, pg 51) writes that '*reality factors affected my technique'* and she found it was difficult to keep one particular LAC in treatment. The complicated external situation meant she never knew if someone from the children's home would be able to bring the child, nor was she certain how long the child would remain in treatment once she was later returned to her mother. Rocco-Briggs (2008) puts particular emphasis on establishing an integrated network and highlights the importance of preparing the network for the task of therapy. As with all children who are being assessed for psychotherapy it is also necessary to consider the stability of the child's current external situation. This is even more of an important consideration for LAC whose futures may be uncertain.

Hughes (1999) emphasizes the particular importance of the therapist constantly bearing in mind the child's internal world in relation to their external circumstances. This can be of particular importance for Looked After Children as there can be a danger of treating children who are in transition and '*of adding to the losses and abrupt discontinuities in these children's lives'* (Hunter, 2001, pg25). Therefore communication with the whole network is crucial before committing to the process of psychotherapy. Working with the network around a LAC is also the focus of Gibbs' (2006) paper. She writes about the psychotherapist's challenge of how to position themselves in relation to the child and the network. She describes some of the issues of working with the network such as how the network conceive of the therapy, how those involved can re-enact the child's internal world and how much to share within the network. She also writes about how the package of care for a LAC must include this work with the network and be able to provide a bridge between the carer and the child. The literature addresses the value of working with the network and how the adults in the network can have an enormous impact on the child. What the literature does not address is in what way psychotherapist's feel that their work with the network and their knowledge about the child's external world impacts on their own relationship and technique in the room with the child.

Emanuel (2002) and Sprince (2000) take a different approach to working with the network. When setting up a therapeutic service for LAC, Emanuel changed her approach from individual therapy to consultation and liaison with the network. She found she needed to consider the needs of social workers, managers and carers before embarking on individual work otherwise there was a risk of 'triple deprivation' of LAC. She describes how not only are LAC firstly deprived by external situations in their lives, they are then 'doubly deprived' due to their internal worlds and defences (Henry, 1974) and are further at risk of this 'triple deprivation' when there are organizational difficulties in the network of adults. She writes about the many issues which can arise in networks and the dangers of re-enactments. In particular she describes a tendency for paralysis or 'drift' in the network when a social worker has contradictory impulses, feeling they cannot remove a child from a home situation, nor can they fully support a birth family which they feel leaves the child at risk. She describes how this replicates the defences of many LAC who 'freeze' as a result of a disorganised/disorientated attachment. As a result of these many issues in networks, Emanuel's focus and approach changed as she liaised and consulted to networks whilst laying the least emphasis on individual psychotherapy.

Sprince (2000) also writes about how consultation work and the development of a therapeutic network around the child, can support psychotherapy or actually make it less necessary. She gives many examples of how psychotherapists can intervene more helpfully when they receive a referral for psychotherapy, by holding a meeting with the adults. She believes that psychotherapists need to give up the privilege of being the child's transference object and work on bringing the adults together. Her point is that leaving all the emotional work to the child and therapist is expecting too much. Wakelyn (2008) also advocates consulting to the network before offering individual therapy, as she believes that work with the network can provide a corrective emotional experience in itself. She also describes short term work where both the child and the network were worked with. She finds that Freud's theory of repetition compulsion and Bion's idea of containment are both particularly useful when making sense of what happens to groups who are working with LAC.

In conclusion, considering that LAC were thought to be unsuitable for psychotherapy, it is surprising that there has not been more thorough research into the technical

considerations with this group of children. Although the psychoanalytic literature has begun to consider technique, there are gaps in current knowledge. Many authors (Henry, 1974, Hoxter, 1982, Hunter-Smallbone, 2009, Rocco-Briggs, 2008) have described painful encounters with the deprivation that LAC have experienced. Yet the existing literature leaves the question of how psychotherapists manage these feelings and respond to this level of deprivation. The literature also leaves the question as to how therapeutic relationships are formed with LAC who have attachment difficulties and who expect to find future relationships which are depriving and cruel. How are psychotherapists responding when they are often made to feel like the absent, depriving, destructive or abusive object?

It is likely that psychotherapists will highlight issues around how to make interpretations as this has been suggested in previous work with LAC and other borderline, traumatised and deprived children. However this research could perhaps fill the gaps in relation to how psychotherapists may or may not use transference interpretations particularly the maternal transference. Although Hunter (2001) suggests interpreting a maternal transference can be very problematic, this debate is surprisingly absent from the other literature. Hunter (2001) made other suggestions about needing to be more communicative and receptive as well as making interpretations with positive endings. How much can links be drawn between the technical adaptations made when working with borderline, traumatised and autistic children and those which may need to be made with LAC? A great deal has also been written about work with the network, but this leaves a question as to how this is combined with individual work. By bringing together the experiences of numerous psychotherapists, it may be possible to gain a more comprehensive understanding of this work and to fill some of these gaps in our knowledge.

Methodology

Psychotherapy and Grounded Theory

Historically psychoanalytic knowledge has come from clinical experience rather than formal research (Anderson, 2006). The fact that the existing literature on psychotherapy with Looked After Children is mostly based on individual case studies, leads us to the difficulty of how to combine child psychotherapy with empirical research. Midgley et al (2009) highlight how researchers question whether psychodynamic approaches can fit with empirical research because they can be subjective and untestable. Traditional research models can pose serious challenges for psychoanalysis and psychotherapy in general. Similarly these research models often cannot easily be applied to child psychotherapy. For example the cause or formation of a defence cannot be reliably found or traced. How can concepts such as defences or transference be tested in a rigorous and scientific manner? And more importantly should they be?

Despite the difficulties of combining psychodynamic approaches with academic research, the channels of communication between the two have been increasing in the past decade. Midgley (2009) highlights how lively debates about the meaning of research have begun to take place within child psychotherapy. Outcome research has started to focus on the effectiveness of child psychotherapy, while process research has begun to think about what happens in psychotherapy and the mechanisms for change. Midgley (2009a) also writes about how child psychotherapy has begun to incorporate qualitative methodologies from social sciences. This doctorate therefore embraces the challenge of combining psychotherapy and research. Midgley (2004) highlights the important task of identifying do-able research and choosing appropriate methodologies. He writes that Grounded Theory is '*considered highly complementary to traditional methods of psychoanalytic research*' (2009a, pg75).

One important consideration is that traditional research methods often presume a homogeneity in the presenting problems of the patients receiving treatment, that does not fit with the diversity and complexity of the children and families (Rustin, 2000; Kam & Midgley, 2006). As Holloway (2001) points out it is not possible to generalise from group results to complex individual cases. With this in mind I am aware of a fundamental issue of creating a group consisting of Looked After Children. Although

there is of course a group of children who have been looked after in care, we cannot assume that it is possible to look at the specificity of them as a homogenous group. As a 'group' these children are extremely complex as they will vary in age, gender, class and race. We therefore cannot assume that we can make a judgement about what is different about these children as a group. It should not be taken for granted that Looked after Children have generalised symptomology which can be identified. For example children who have been Looked After may be described as having attachment difficulties or to use specific defences, but how do we know that this is a result of having been Looked After in care? There are indeed many children with attachment difficulties who are not Looked After, or children who are Looked After who do not for example use excessive splitting.

This methodological issue needs to be kept in mind and the problematic nature of this kind of research makes it important not to try to look for generalised symptomology in these children. In response to this I focused my research and questions on the practice of the psychotherapists. I hoped to discover if there are common experiences, themes or feelings encountered by psychotherapists and whether they encounter specific technical issues with these children. For example do they have particular issues when working with Looked after Children? The individual case studies have indicated that psychotherapists do appear to be struggling with similar issues. What are their particular countertransference responses? Given the multiple differences in the backgrounds and ages of these children, it was of interest as to whether psychotherapists felt it was possible to identify issues that transcend these differences. It may of course have been that psychotherapists could not generalise their answers and this too would have been of interest.

This was an empirical study and the data was analysed using the Grounded Theory methodology which was first developed by Glaser and Strauss. They were in search of a methodology which could enable them to develop theory from data, using an inductive approach. Grounded Theory emerged in the 1960's amidst longstanding debates about the value of both qualitative and quantitative approaches to research (Pigeon, 1996). At the time the reputation of qualitative methods was at a low point. Since then various versions of Grounded Theory have developed. Grounded Theory could initially be understood as having a traditional positivistic, empiricist epistemology as it uses a

systematic technique to study the external world (Charmaz, 2003). This epistemology implies that relationships exist objectively in the world and can be captured by the researcher (Pigeon, 1996). However Pigeon (1996) continues to make the distinction between discovering a theory and more recent constructionist revisions of Grounded Theory, whereby theory can be thought of as being generated rather than discovered. This better captures '*the creative and dynamic character of the research process'* (Pigeon, 1996 pg83).

Charmaz (2003) also highlights how Grounded Theory contains interpretive elements as it can analyse '*how people construct actions, meanings, and intentions'* (pg85). Pigeon (1996) believes that Grounded Theory

> *'requires the researcher to engage in interpretative work, unravelling the multiple perspectives and common-sense realities of the research participant'* (pg77)

Pigeon (1996) continues to explain that Grounded Theory aims to generate working hypotheses rather than finding empirical facts. It seemed a fitting methodology for finding out about psychotherapists experiences with LAC, as it looks at the meanings which particular experiences hold for participants. It was also appropriate as it aims to understand personal experiences as well as perceptions and accounts of events and has the potential to produce hypotheses about the nature of this work.

This research methodology would enable a '*systematic map of concepts and categories'* (Willig, 2001, pg46) to develop, which would allow for some understanding of the common experiences of psychotherapists working with children in care. Although this methodology provides '*systematic inductive guidelines'* (Charmaz, 2003) to gather data, it can '*simultaneously help to stimulate highly creative work'* (Pigeon, 1996). Its inductive nature assumes an open, flexible approach which has the potential to generate ideas and create a theory about work with LAC. Pigeon and Henwood (1996) highlight the importance of keeping a balance between the researchers own subjective understanding of the emerging material and making sure the emerging theory 'fits' the data. This systematic generation of theory from data seemed appropriate for enabling us to understand and map the approaches being used when working with LAC. Anderson

(2006) highlights how clinical research using Grounded Theory can produce explanations and applications which are directly applicable to the clinical setting, therefore making Grounded theory and psychoanalytic clinical research well-suited partners. As Grounded Theory aims to find out about participants concerns and how they manage these, it seemed a good match for learning more about the technical considerations in this field of work.

No initial hypothesis is formed when using Grounded Theory. I was not setting out to prove or disprove any hypotheses but was committed to an open exploration of the experiences and issues in this type of work. The interview material is approached without strong prior theory when using Grounded Theory. In fact Glaser (1992) recommends delaying the literature review until a conceptual analysis of the data has been developed. This ensures that codes and categories are developed from the data rather than preconceived hypotheses. I did however read some papers describing psychotherapy with Looked after Children as it was essential to find out about what has already been thought about in this area. As Anderson (2006) rightly states, resources cannot be dedicated to a research project without demonstrating how it fits within current research and knowledge.

Charmaz (2003) also highlights how grounded theorists often do start with a set of general concepts or sensitizing concepts. The idea of being uncontaminated by prior knowledge again seems a highly questionable notion as my valuable background reading did indeed sensitize me to issues related to therapeutic technique with LAC or certain feelings which are experienced by psychotherapists in this work. As Charmaz (2003) suggests, these concepts gave me a place to start as I had some ideas to follow up and I was sensitized to particular questions. I therefore cannot claim to be entirely 'uncontaminated' by prior knowledge as Glaser (1992) recommends, but I aimed to engage with this knowledge in a constructive way in order to frame the questions I asked.

This issue is thought about by Kuhn (1970) who writes that it is not possible to approach research with an empty mind and that a paradigm is also necessary for perceiving the material. Anderson (2006, pg333) writes

> *'Thus it is acceptable for an interface to occur between the psychoanalytic researcher-clinician, who brings a mind trained to see in a certain way, and the object of the study…. Observations will be made within the theoretical context of psychoanalysis and this is inevitable, necessary and therefore acceptable'*

Therefore both my background reading and my own psychoanalytic training could be combined with Grounded Theory, as long as I was constantly striving to keep an open mind to new possibilities, findings and perspectives. As Anderson (2006, pg337) summarises so very succinctly, I aimed to have '*an open mind but not an empty mind'.*

Data was collected through semi-structured interviews and the initial interviews explored general questions about the experience of psychotherapy with Looked After Children. Grounded Theory pays attention to participants own accounts of social and psychological events (Pidgeon, 1996) making it appropriate for discovering about psychotherapists accounts of this work. When using semi-structured interviews, the idea is to encourage participants to speak about their experiences with very little prompting. The hope is to get close to the issues which they feel are important without being led too much. Therefore I began with a very general question about their work and only used prompts if I needed to elucidate more information. Pigeon and Henwood (1996) write about how Grounded Theorists are particularly mindful of the hazards of directing the interviews in case theoretical leads or important data are missed. This approach as well as the process of semi-structured interviews fitted very well with a psychotherapeutic approach, where it is the patient's thoughts, issues and concerns which lead the interaction and emerging material.

Pigeon and Henwood (1996) describe very succinctly the Grounded Theory process and how the aim is for the researcher to move

> '*from unstructured materials, to the generation of descriptive codes, on to more developed conceptual understandings or links, and finally to wider theoretical interpretations'* (pg87)

As described above, the process of Grounded Theory involves a number of steps. The fundamental idea behind Grounded Theory is to read and re-read the data, in this case the interview transcripts, in order to find categories, concepts or properties. Coding the data involves two stages; the initial analysis involves coding each line of each page of the transcribed data. This line-by-line coding means giving a descriptive name to each line. These low level descriptions should fit the data well (Pigeon, 1996). This ensures that categories and theories which emerge are truly grounded in the data and each idea has earned its place in the analysis (Glaser, 1978). Each line or paragraph can be read with questions in mind such as: what is being referred to here? What is this about? What is this person saying? (Charmaz, 2003) What category does this incident indicate? (Glaser, 1992). It is recommended that codes should be short, specific and active.

This is followed by focused coding which uses the most significant or frequent codes to sort and explain larger sections of data. The focused codes are then raised to conceptual categories based on which codes seem to best describe what is happening in the data. Although in the earlier stages of analysis, the codes may be descriptive labels such as 'emotions', as the analysis progresses the higher level categories become more analytic, abstract categories which are less descriptive. Focused coding moves the process forward by establishing the form and content of the nascent analysis and clarifying categories and the relationships between them (Charmaz, 2003). Therefore this methodology allows individual experiences to be developed into abstract conceptual categories which not only synthesize data, but *'interpret them and identify patterned relationships within them*' (Charmaz, 2003, pg82). These concepts are developed, extended and related to each other as additional material is discovered. It is important to make constant comparisons between the data and this is another important feature of Grounded Theory. Constant comparison of the emerging categories enables for similarities and differences to emerge within categories (Willig, 2001). Anderson (2006, pg330) explains how new data from subsequent interviews is then '*fractured in different ways to add to understanding about categories'* which have already started to emerge.

When using Grounded Theory, analysis of the data begins early on in the process and the first interview is analysed straight away rather than waiting until all the interviews have been completed. This enables for follow up questions in subsequent interviews to be related to emerging themes and topics. Although there are many similarities between

Grounded Theory and Interpretative Phenomenological Analysis (IPA), I felt that the two methodologies were somewhat different in this respect. While IPA allows for the option of using emerging themes from the earlier interviews to orientate subsequent analysis, there is also the option of analysing later interviews from scratch. However it was very appealing that with Grounded Theory, the initial data is *always* analysed early on and is used to frame new questions. This allows for areas of interest to be added or taken out. Pigeon and Henwood (1996) highlight how analysis does not happen in a linear fashion and that there is a '*flip-flop process'* (pg88) between collecting data and the emergence of the researcher's categories.

The categories which emerge therefore reflect an interaction between the researcher and participant. The Grounded theorist is simultaneously involved in gathering and analysing the data, with the aim of developing a theory (Charmaz, 2003). Pigeon and Henwood (1996, pg87) think about how this approach to the material '*should not leave the theory, the data or the researcher unchanged*'. Again my psychoanalytic thinking also influenced the analysis and developing categories. Pidgeon (1996) highlights how constant comparison and theoretical sampling involve the researcher in a very interactive manner. The early analysis of the initial interviews can lead to theoretical sampling which '*involves active sampling of new cases as the analysis proceeds'* (Pidgeon, 1996, pg78) in order to develop emerging theories. This may involve interviewing new participants or returning to previous ones to illuminate theoretical categories which have emerged along the way. This will elaborate meanings and deepen understanding. Finally, it is these conceptual categories which can lead to the development of a theory.

Although IPA also considers the researcher to have an active role, Grounded Theory really allows for the researcher to use the participant's responses to shape the direction of the future questions and analysis. Pigeon (1996, pg79) writes that '*this dynamic relation between data analysis and data collection is a critical characteristic of the whole approach*' and it was this unique aspect which was particularly appealing. The ability to adapt questions depending on participant's ideas seemed a very distinctive aspect of this methodology and would be useful for discovering and following emerging themes in work with LAC. I also felt that this particular methodology mirrored the ethos of psychotherapeutic work, in that a psychotherapist takes a non-directive approach,

following the patients lead and building up a theory of the patient based on what they bring. Having the ability to analyse as I went along and the freedom to pursue important themes seemed very appropriate.

A Grounded Theory approach means that data collection stops when categories are 'saturated' and the data no longer generates new insights (Charmaz, 2003). Therefore I did not want to put a limit on the amount of participants I interviewed as there may have be a danger of cutting short the discovery of new categories. Although data collection is stopped when categories are 'saturated', as Morse (1995) suggests this can only be proclaimed and not proven. Finally, once the conceptual analysis of the data has been developed the literature can be turned to in order to link the emergent theories with existing ideas.

Participants

When trying to recruit participants I contacted child psychotherapists through the Association of Child Psychotherapist (ACP). I also wrote to a fostering agency which provides support for foster families and children. I hoped to gain permission to interview child psychotherapists who were employed there. I had hoped to interview about six participants in order to find out about their collective experiences and any common themes which arise in this work. However because I planned to use Grounded Theory to analyse the data, this approach means that data collection stops when categories are 'saturated' and the data no longer generates new insights (Charmaz, 2003). As explained I did not want to put a limit on the amount of participants I interviewed as there might be a danger of cutting short the discovery of new categories.

Participants were emailed to ask if they would be willing to take part and they were also sent some information about the research (see appendices) The participants who agreed to take part were all qualified Child and Adolescent Psychotherapists who were not recruited through the NHS, as I did not have NHS ethical approval. There were seven in total. One of these participants was found through the fostering agency, whilst the others I emailed directly having found their details through the ACP. Two of these worked in a residential school for LAC.

Selection criteria were based upon the psychotherapists having previously done significant work with LAC or currently working with them. I also thought about whether to include or exclude participants based on the theoretical underpinnings of their clinical trainings. I wondered whether I would be able to gain a clearer picture of practice if I only interviewed those with an Independent, Freudian or Kleinian training. This was not however a straight forward consideration as there are those who may have initially come from a Kleinian background, but who now consider themselves of an Independent orientation. I decided that it was the experience which the participants had had with LAC which was more important than their theoretical orientations. In many ways it would be more interesting if similarities could be found in their technique with LAC, despite their different trainings.

Three participants trained at the Tavistock and four trained with the British Psychotherapy Foundation (formerly the British Association of Psychotherapists). All participants were female. Although this was not intentional, this was perhaps due to the profession being a female dominated one. Between them they had vast experience both working with and without LAC. One was retired and some had current or previous experience of working privately with LAC. One completed the majority of their training in a children's home for children in care and three others currently worked in a residential school or a therapeutic community for LAC. Some currently or previously worked for fostering agencies which offered psychotherapy for LAC and one offered Consultation to an organisation offering interventions around LAC. Three participants had been employed by social care offering psychotherapy or consultation to fostering and adoption teams. Some had worked in LAC teams in a CAMHS setting in the NHS as well as all participants having other experience of providing psychotherapy to children who were not looked after. All held senior roles such as working as Consultants or being Heads of Departments. Four participants had written about psychotherapy with LAC to more or lesser degrees.

The relationships between myself and the participants was also of interest, as they all knew that I was training to be a Child and Adolescent Psychotherapist. Therefore they may have felt obliged to step into a teaching role. With one participant we clearly stepped into the roles of teacher and student and she questioned me about my understanding of psychoanalytic concepts. It was also possible that participants were

much more likely to slip into using psychoanalytic jargon with me as they would have an expectation that I would understand many of the theoretical terms. This dynamic may have meant they spoke to me with more of a 'professional hat' on and filtered their accounts of their clinical experiences through narratives about competent therapeutic practice. I therefore tried to be as curious and at times challenging about their experiences and their responses to them.

Procedure

There was a possibility that the interview questions about working with children who have been in care may inadvertently cause distress to psychotherapists. If this were to have happened I would have asked whether they would like to continue with the interview or to stop the discussion. I would discuss with them the support which may already be available to them such as their own supervision or analysis. If these were not already in place then I would give them information about the British Association of Psychotherapists which would be able to provide them with support. Ethics approval was gained from Birkbeck University of London. Participants were given information about the research (see appendices 1) and also asked to sign a consent form (see appendices 2). This required participants to sign that they had been informed about the nature of this study and had willingly consented to taking part. They also signed that they understood that the content would be kept confidential, that they were over 16 and that they could withdraw from the study at any time.

Data collection

An interview based study was chosen as it was felt that interviews would provide a wealth of detailed data. Interviews also allowed for an interactive process whereby I could follow up areas of interest and carry out theoretical sampling as suggested by Grounded theory. Other types of data collection were considered such as including case studies which could have also provided interesting information. It could have also been beneficial to include case studies in order to add to the validity of the findings. However due to the potential for theoretical sampling when using Grounded theory it was felt that an interview based study would fit best with this methodology and would perhaps be more helpful for generating spontaneous ideas which arose in discussion rather than pre-thought out and considered ideas which are written about in case studies.

I met with participants in places which were most convenient for them. This was their home or their place of work. Participants were given a hard copy of the information about the research project which I had previously emailed to them. They were asked to sign two consent forms; one of which they kept and the other I took. They were then interviewed for approximately an hour. The initial interviews were semi-structured (see appendices 3) and asked general questions about their work with LAC in order to find out what they felt were the important issues. I asked participants to allow an hour and a half for our meeting. Interviews lasted from between forty-five minutes and an hour and twenty minutes. This was dependent on how much each person had to say. The interviews were recorded on a digital recorder and were deleted once they had been transcribed. Confidentiality was maintained as all identifying information was changed and pseudonyms were given. I also ensured that if they talked about specific patients, they were not identifiable.

I carried out a pilot interview before conducting subsequent interviews. The pilot interview was with a Child Psychotherapist who worked in private practice. We met at her home. The meeting lasted an hour and a half, although the actual interview lasted an hour. The consent forms were signed and the participant was given the information about the research. I explained that I was focusing on the experiences of psychotherapists and was trying to find out about specific features or issues which arise when working with LAC. I explained that I was aware that there were multiple differences in this complex group. However I wanted to know if there were themes, issues or feelings in this work which transcended these differences. I also explained that this was my pilot interview and I would therefore be very grateful for feedback about the questions.

I began by asking a very general question, about whether she *did* feel there were any specific issues which came up when working with LAC. The answer was yes and she initially listed the following issues

- getting the child in the room and then keeping them there
- working with the network
- violence and aggression
- reactivity because of trauma

I made a note of these and as the interview progressed I made sure we returned to each of these themes to explore them further. Another of my intended questions was about whether there were issues related to technique. As you can see, the participant had already raised the issue of technique herself when she spoke about the technical difficulties of getting the child in the room or the importance of being practical and working in the real world with the network. Once she had expanded on those issues, I later asked if she felt there were other technical issues. Again this felt like a relevant question. The participant spoke about waiting to make interpretations and the importance of lowering reactivity and having a calming influence on children who have been traumatised. She also talked about the length of therapy and the importance of beginnings and endings with looked after children who have already experienced so many beginnings, endings and goodbyes.

Another important technical issue was what do with Looked After Children who need more (i.e more than just the room). The participant felt that because of the deprivation the children have experienced, they may push the therapist to provide more such as a drink in order to start the session. The participant had therefore led us into another area I had wished to explore; the therapists own countertransference feelings. As well as speaking about the pull to give more, she spoke of having felt desperate to establish closer relationships with Looked After Children who both long for and are terrified of intimacy. She talked of the experience as a therapist of being taken to traumatic, emotional places (you would never choose to go) by Looked After Children who have been abused or traumatised. She also spoke of being made to feel rubbish, mean, cruel or angry.

The participant talked throughout the interview about characteristics which she felt were important for a therapist to have when working with Looked After Children. Although some of these could be seen as general traits which were important to have as a therapist, there were some which seemed specific to this work. For example she had spoken of a feeling of overpowering despair when working with Looked After Children and the awareness of just how alone these children are. Therefore she believed it was important for the therapist to be able to carry the hope. She felt that she had needed to be more available and flexible in this work.

There were indeed times during the interview when the discussion felt as if it was becoming a bit general, for example when talking about how to look after oneself as a therapist, how to enable play in a child who cannot play or the aims of the therapy with Looked After Children. At one point the participant was talking about the emotional strains of this work, only to add that she couldn't say it was the most difficult type of work, as there are other types of work (adolescent in-patient units) which are equally difficult. Therefore at times, I could see it was not always possible to grasp what felt specific about this work. This was consistent with Boston and Szur (1983) who also sometimes felt it was not possible to generalise. This alerted me to the fact that as the interviewer I would have to be very aware of this and ensure that I continually brought the participant back to the issues which *did* feel specific to working with looked after children. There were indeed some issues to be found.

The participant's feedback was that the questions felt fine. She asked again at the end if I had had some questions I had been following. On reflection I think this is a good sign that the participant had hardly noticed that I was asking my questions. I hope this was because actually they were mostly being raised and answered by her as she spoke. I felt that the questions were relevant and that this pilot interview raised interesting issues and themes. I decided to include this interview in the research and used Grounded Theory to analyse it.

Analysis

When using Grounded Theory, analysis of the data begins early on in the process enabling for follow up questions in subsequent interviews to be related to emerging themes and topics. Therefore the above analysis of the pilot interview began before I carried out any further interviews. I began by re-reading the transcript. I then moved on to the first coding stage which involved line-by-line coding. This ensured that the theories which would emerge were truly grounded in the data and each idea had earned its place in the analysis (Glaser, 1978). These initial codes were fairly descriptive and I thought about what the participant was referring to. This was followed by a more focused process of coding whereby significant or frequent codes were used to sort and explain larger sections of data. I began to map this coded data onto a spidergram which consisted of the following categories.

- Descriptions of the experiences of LAC
- Difficulties or challenges faced by a psychotherapist when working with LAC.
- Risks
- Psychotherapists emotions
- What is required emotionally from the psychotherapist
- What is required technically from the psychotherapist
- Boundaries
- Success and change
- Looking after oneself
- Psychotherapists relationship with the child

The line-by-line data could all be organised under these different sections. This initial data also helped to frame new questions and allowed for areas of interest to be added or taken out. For example I felt a question needed to be added about technique in relation to boundaries and whether other psychotherapists also stretched their boundaries or felt a pull to do more for LAC. If this did not arise naturally in the subsequent interviews then this question was included in all the following interviews. I also wondered if this was particularly related to the setting that the psychotherapist was working in, as it may have been easier to do things differently in private practice rather than in an organisation or clinic setting. The effect of the setting on technique also felt like a relevant question for the psychotherapists who worked in a residential school setting. As a Grounded Theorist I was already involved in an active process with the participant, as I was both gathering and analysing the data. The fact that Grounded Theory allowed for this constant mutability and enabled me to change and add questions, was something which was extremely appealing about this methodology and as I had anticipated, worked really well for this piece of research. It enabled me to really engage with the material and to follow the direction in which the participants were moving. Of course this approach inevitably meant that as a researcher my engagement with the data began very early and perhaps meant that I influenced the direction of the research to a greater extent than if I had been using another methodology which involved data analysis at the end of the interviewing process.

As I conducted the next couple of interviews I discovered new issues in relation to technique such as how and whether to make maternal transference interpretations. This became a subsequent question and seemed very relevant in light of Hunter's (2001) thoughts about needing caution with these types of interpretations. A further issue was raised in the third interview about re-framing what LAC do in a positive light and making positive interpretations in order to build a relationship and encourage engagement. This idea seems to be linked to the thoughts of the first participant who felt that the therapist needed to be the one to carry the hope. Again this was incorporated into subsequent interviews. All three participants had spoken about how they were more creative or flexible with LAC and I therefore proceeded by asking subsequent participants whether they felt they took a different stance or had a slightly different way of being with LAC. At this point I also made a decision to take out my initial question about whether psychotherapists felt they had different aims when working with LAC as this did not seem relevant and had not produced any interesting discussions. In this respect the flexibility of Grounded Theory worked extremely well and made it a very appropriate choice of methodology.

At this stage all three sets of data could be fitted into similar spidergram categories described above. However I made further decisions about what felt most relevant to my research question. For example there were many descriptions of the horrendous experiences which LAC had been through in their lives and this was something which I decided not to include in great depth in my analysis as this has been covered in the existing literature. I also felt strongly from the beginning that interviewing psychotherapists was not an appropriate way to find out about the experiences of LAC but was a good way of finding out about their own experiences. I felt that descriptions of what the children had been through did not need to stand alone as a theme but was only important in relation to psychotherapists emotions when working with LAC and how they might change their technique to take into account what LAC had been through. My interest was the psychotherapist's responses to the children's experiences. Although I have not included in the analysis, these lengthy and awful descriptions given by participants of what these children had been through, it is very interesting that all the participants had a tendency to keep telling me, when this was not what I was asking. In a sense their tendency to keep telling and their need to pass on the concrete realities of these children, does tell me a great deal about the emotional impact that LAC are

having on psychotherapists. This information about the experiences of LAC was however useful when developing a theory about this work and the reasons why psychotherapy may differ with this cohort.

I also felt that looking after oneself as a therapist was not specifically relevant to my research question. The psychotherapists relationship with the child did not need a category of its own as this was incorporated under many other areas such as the difficulties and challenges of this work as well as what it required emotionally and technically. Equally success and change did not need a category of its own. As I continued with the interviews and incorporated my further questions I also became a little more inquisitive or challenging. When psychotherapists gave me examples of how they stretched their boundaries, did things differently with LAC or wanted to give them a little more, I started to ask whether they felt this was the right thing to do technically? Did they feel that these changes were necessary in order to reach the children, engage with them and produce good outcomes? Or (as suggested by Participant 4) did they think that when they behaved differently with LAC this was a form of acting out because of an unrecognised and painful countertransference?

As the analysis continued, the broad and descriptive codes described above progressed to higher level categories which were more analytic and less descriptive. I was keen to really eliminate anything which did not feel specific to working with LAC and analyse what was left. Again this was an active process on my part as I engaged with the data by having to make decisions about how it could be thought about and organised. For example the descriptions of the difficulties and challenges of this work and the descriptions of psychotherapist's feelings all linked in with what the psychotherapists then decided to do in relation to their technique. Pigeon and Henwood (1996) write about how '*it is often useful to sort and group sets of related concepts*' (pg98). The higher conceptual categories which emerged could indeed be sorted and grouped into what psychotherapists were doing technically both externally and internally in their work with LAC.

1) External work with the network: By externally I refer to the work which goes on outside of the psychotherapy room with the child. This is very specific to LAC because

psychotherapists described their work with the network of adults around the child. This could be divided into the following categories.

a) Problems in the network.
b) Value of working with the network.
c) The impact of external work on the one-to-one therapeutic relationship with the child.

2) Internal work with the child: By internally I refer to the work being done with the child in the room and how their techniques were being changed with LAC. This can be broken down into the following conceptual categories.

a) Making and pacing interpretations
b) Transference and maternal transference
c) Countertransference responses to deprivation
- The need to stretch boundaries OR
- Risk of acting out

d) Analytic neutrality
e) Positivity

Most participants also spoke about aggression and violence when working with LAC. In contrast to 2c) where they spoke of stretching their boundaries to give more to these children, in relation to managing aggression they were very clear that they needed to know their own limits and needed firm boundaries. I however also made a decision not to write about managing this type of behaviour with LAC as psychotherapists have already repeatedly described angry, hostile, aggressive, self-destructive and dangerous behaviours in their consulting rooms (Boston, 1972; Hindle, 2000; Hunter, 2001; Jackson, 2004; Kenrick, 2000; Marsoni, 2006; Williams, 1988). This decision was also made due to the time and space constraints of this research and on reflection this is an area which could have been included as aggression can be an important feature of this work. Although work with the network is an area which has also been previously written about with this cohort, it was decided that this was such an important area which could not be excluded. These types of decisions are an example of how the research was a very interactive process and the decisions I made shaped the findings.

There are clearly relationships between the above conceptual categories. For example the issue of boundaries is something which is relevant when thinking about incorporating working with the network. Boundaries are also relevant when thinking about analytic neutrality and positivity. Although this methodology allowed for individual experiences to be synthesized and for patterned relationships to be identified within the data, there were both similarities and differences in the data (Willig, 2001). For example there were definite differences in the extent to which psychotherapists stretched their boundaries and differences in the extent to which they would avoid interpreting a maternal transference. The answers given by Participant 4 were also markedly different from the other participants, as this participant strongly felt that individual on-to-one psychotherapy was not the treatment of choice for LAC, and that our role should be in consultation work or parent and child work. In other words Participant 4 felt psychotherapists focus should be on the external work and not the internal work. Despite these differences, these conceptual categories capture the types of technical issues which psychotherapists were grappling with.

Grounded Theory suggests that data collection should stop when categories are 'saturated' although as Morse (1995) suggests this can only be proclaimed and not proven. By the end of the seventh interview I felt that the participant had some very interesting thoughts on the questions which I had built up, however I did not feel that there were new categories emerging. Once I had stopped interviewing I did however feel that participants could have said more about how and whether their external work with the networks, impacted on their relationship with the child in the room. As Grounded Theory allows you to return to ask further questions I sent emails to the participants asking this further question. I also asked for some further thoughts on other conceptual categories. I received four responses and incorporated these into the analysis and discussion. The ability to return to participants to follow up certain themes is another strength of this methodology, however on reflection the research was limited by the fact that not all the participants responded to the follow up email. It may have been more informative to have tried to arrange follow up interviews.

Findings and Discussion

As described above the findings could be described according to the following conceptual categories. These will subsequently be explored in further depth.

1. EXTERNAL WORK WITH THE NETWORK.

a) Problems in the network.

b) Value of working with the network.

c) The impact of external work on the one-to-one therapeutic relationship with the child.

2. INTERNAL WORK WITH THE CHILD.

a) Making and pacing interpretations

b) Transference and maternal transference

c) Countertransference responses to deprivation

- The need to stretch boundaries OR
- Risk of acting out

d) Analytic neutrality

e) Positivity

It is interesting that although most of these psychotherapists felt that individual psychotherapy was a very viable treatment option, the debate about this issue was still fairly present in their minds. This demonstrates just how important this research into psychotherapist's experiences with LAC is, because the issue of what they are exactly doing with these children is still very present in their minds. All except one of the participants felt that individual psychotherapy for LAC was a viable treatment, if done in conjunction with liaison with the network. Therefore most participants supported the literature and current thinking about how individual psychotherapy (internal work) can be very valuable in conjunction with work with the network (external work).

Another thought put forward in this research was that sometimes individual therapy was preferable depending on the emotional availability of the parent or carer. This is of course true for non-LAC children as well. This has been thought about by Ironside (2009) who wrote about more fragile parents or carers who may not be very reflective or may need their own relationship to express their feelings before they are able to do this for LAC. This current research seemed to highlight that despite a marked shift in

most psychotherapist's attitude toward treating LAC in the first place, the debate about the best approach with LAC is still very present.

The following concepts are illustrated by using direct quotes from the participants. These were selected from a wealth of material and some further quotes have been included in the appendices (see appendices 4) rather than the main body of the thesis.

1) EXTERNAL WORK WITH THE NETWORK

a) Problems in the network

Participants spent a great deal of time thinking about issues and problems which could arise in the network of adults around LAC. For Participant 4 this meant that they felt the psychotherapeutic input should be to the network *instead* of the child, but for all other participants it meant that work with the network was of huge importance *as well* as individual work with the child. Although Grounded Theory does not recommend carrying out an extensive literature review before a conceptual analysis of the data has been developed (Glaser, 1992) I had done some initial reading and was sensitized to some possible key issues in this area of work. The idea of there being problems in the network was therefore something I expected to be a prominent issue. A more detailed look at the literature is therefore necessary in order to find out how this research supports or departs from previous understanding.

Participants described the many problems and challenges within the network. They felt that networks are "*renowned"* for splitting and I was told;

> "*There's such a danger of splitting in the system and therapy might get blamed for why the child's um acting out or school might get blamed and so getting together is really crucial*" (Participant 5)

Participants felt there was the potential for powerful feelings to be projected into the network and for previous patterns in the child's life to be repeated or for acting out to occur. This idea confirms what individual writers such as Sprince (2000) describe. In Hindle's (2000, pg386) case study, she writes about how a child's '*propensity to split his parents and the various professionals involved was tested out many times over'*. Gibbs (2006, pg127) also writes '*splits and polarisations can occur'*. Rocco-Briggs

(2008) paper focuses exactly on the issue of individual psychotherapy within the context of the network. She writes about the impact of LAC's emotions on different adults in the network and how the child may communicate different feelings to different professionals. This propensity for splitting is thought about in Edwards (2000) paper and linked back to the myth of Oedipus. She describes a split between the idealized couple of Corinth who adopted Oedipus and the murderous hatred for the real, abandoning parents.

Participants felt that feelings of blame and guilt were also common in networks. Hoxter (1983), Rocco-Briggs (2008) and Sprince (2000) mention the guilt which adults can feel as well as the culture of blame which can become part of the system. Participants also felt that there was a risk of the network wanting therapy to simply fix this child and then therapy being blamed if the child did not improve. If networks were not communicating there was the risk of the pain and problems being left for the child and therapist to deal with, while the other adults in the child's life were left wondering how to talk and think about these issues if the child mentioned them. Participants thought it was often a great challenge to involve the whole network and to ensure social workers were always involved. It was thought to be detrimental if the psychotherapist was set up as the expert, while the other adults in the network were unable understand the child's internal world. This is something Rocco- Briggs (2008) tries to prevent when she attempts to have regular network meetings before even meeting the child. Systems may expect the child to change without questioning how the system itself is functioning.

Participants also spoke of the potential for adults to be competitive and to battle over the child if they are not working together. This is something which Emanuel (2002) describes as she felt that these envious feelings in the network could replicate the competitiveness and rivalry between the two sets of parents; birth and foster parents. Participants mentioned other challenges surrounding a dysfunctional network such as getting the child to therapy, the child being withdrawn from therapy or there being a prejudice against the therapy. Of course individual therapy could also be threatened by a placement breaking down, if not enough attention was given to supporting the network and the placement. These ideas have been covered in the literature (Emanuel, 2002; Fry, 1983; Gibbs, 2006; Hunter, 2001). These findings about the complex issues and challenges of working with networks are prominent features of work with LAC. These

ideas have already been recognised in the literature and have frequently been described in relation to individual case studies. What this research has done, is bring together the experiences of psychotherapists and therefore provides a more comprehensive look at all the struggles of working with networks. These ideas cannot claim to be unique to working with networks for LAC as some of these challenges may also be found in networks surrounding autistic children or those with complex medical conditions for example. However equally these findings cannot be generalised to working with other types of networks as what is specific about a network for a LAC is that in some respects the parent is the local authority. The nature of a LAC's network is therefore different from other networks.

b) Value of working with the network

These potential challenges and risks inevitably led to all seven participants describing how one of the major differences of working with LAC was the importance of working with the network, in order to manage these issues. There were many thoughts and descriptions about how crucial this was. One told me *'you've got to be really actively a part of the network'* (Participant 1) and another said

> "*this kind of work with these kinds of kids can't ever be done in isolation and we can only really see ourselves part of a wider network of people all working together*" (Participant 3).

Getting everybody on board, particularly before starting therapy seemed to be of huge importance if the therapy was to be supported and understood by the whole network. It seemed to be that the network as a whole could be thought about as taking on the role of Winnicott's good enough mother;

> "*what we've thought about quite a lot is the network providing the care for some children. Um, but it's not just the carers. It's the network including the therapy that provides something good enough*" (Participant 5).

Although this work was surely always important, it was suggested that the gradual changes in other agencies was making this even more crucial. Cutbacks in social care meant that more of the work with carers and networks was falling to psychotherapists.

All these participants thought that working with the network was an important application of psychoanalytic thinking and that a great deal of time was spent thinking with and interpreting to the network. This kind of work was thought to make placements more stable and in times of crisis could prevent placement breakdowns. They also spoke about how the psychotherapist's role was to help facilitate other relationships in the child's life, particularly with foster carers. Their particular training also enabled them to help other adults in the network to manage powerful transferences and countertransference feelings.

Participants also emphasized the value of being able to translate the meaning of the child's behaviour to the whole network;

> "*its not just the one-to-one stuff. It is, as I said, the kind of the whole network and the translation of the internal world states of the child so that the network can understand and being an advocate for that person within, within the network, you know, pointing out to them the meaning of decisions that might be made. I think trying to pre-empt some of those meanings and some of those decisions*" (Participant 7)

Communicating something of what goes on in therapy and helping the adults to understand the child's behaviour is of course something which all psychotherapists working with children would be aiming to do, however participants described this as a particularly complex and important task when working with a whole network. Finally they described their role as helping the network to plan for the child's future and think carefully about future risk issues. Perhaps this type of future planning was much more marked than work with children in their birth families.

As explored in the introduction, the recent literature also focuses on the importance of working with the network. This was therefore another area which I suspected might be prominent for participants. There has been some thought about the enormous amount of time and energy which is consumed in making contact with the network. It is therefore no surprise that these participants also felt that extending the boundaries of the work to include working with the network was absolutely crucial. The existing literature describes the importance of creating some kind of containing framework from which

psychotherapy can then take place. Hindle (2000, pg 386) describes in one case how important regular communication was between all the adults and that the child '*needed evidence of my capacity to work with a wider professional network*'. Hunter (2001, pg 174) writes that she sought partnerships with social workers and described how '*working with others to contain such young people is the best way to keep more hopeful outcomes alive'*. Very similar sentiments are echoed by Hughes (1999) who writes that effective liaison with complicated networks could ensure the feasibility of the individual psychotherapy. She also emphasizes placing oneself strategically within the network in order to be involved with decision making in relation to the child. She writes;

> '*it is no longer considered good practice for child psychotherapists to be solely closeted away with a child behind closed doors….we are working much more with the child's context of care… this is particularly so for children who are in care and who are surrounded by extremely complex systems which need to be understood'* (pg 298).

Rocco-Briggs (2008, pg193) puts particular emphasis on establishing an integrated network and writes '*we want to understand the dynamics of the network that works on behalf of the looked after child'*. She also highlights the importance of preparing the network for the task of therapy. Getting the network on board with the therapy was indeed something which was emphasized by these participants. Communication with the whole network was crucial before committing to the process of psychotherapy, just as it was important to work actively with the network in an ongoing way. Rocco-Briggs (2008) also writes that placement breakdowns may be avoided if the network could work together to help understand what the child may be re-enacting. She also writes

> '*Working with the network allows other professionals to share their experiences ad concerns about a specific child. This can serve to reduce the acting out of anxiety and deeply disturbing feelings and to promote the development of more adequate parental functioning around the child'* (pg 195)

She felt that they can also help to contain and process the child's communications. Finally she writes

> '*In the process of this work, the network can become more coherent and less fragmented in thinking and sharing their insights about a child in pain, and develop a self-reflective capacity'* (pg206)

Gibbs (2006) describes how there is a great deal more communication of what goes on both inside and outside the therapy room. She gives examples of how the child gave the carer permission to pass on information to the therapist as well as the therapist sharing information with the network and social worker. This research wholly supports previous understanding about how valuable it is for psychotherapists to work with the network surrounding LAC. Again although these ideas are important features of this work, they are not unique to working with LAC networks and the importance of communication with the network has been written about when treating autistic children (Alvarez & Reid, 1999). The sentiments of participants very closely echo those in the literature about LAC. As one participant pointed out, this type of work is becoming more central to the psychotherapists role with LAC, as cuts are made to other services. This kind of liaison and psychoanalytic understanding may become more crucial as services continue to change in the future. How then does this external work impact on the internal work; the therapist's relationship and technique with the child in the room?

c) The impact of external work on the one-to-one therapeutic relationship with the child.

Some participants spoke about the impact of their work with the network and LAC's external worlds and the impact this had on their relationship with the child and on their technique. I felt this was a very important area as not a great deal has previously been written about the impact of the work with the network on the relationship with the child. This was also one of my follow up questions when I emailed some of the participants who I felt had not expanded on this area. There were descriptions of how *"there's less of an in therapy and outside therapy feel*" (Participant 2). This was the effect of either working so closely with the network and being so aware of the child's external world, or because two of the participants worked in a residential school and therefore had a lot of exposure to children outside therapy times. Participants described how a lot could happen between sessions. Their knowledge of this was sometimes described as "*intruding*" or as a "*difficulty*" (Participant 6).

> "*There is a difficulty with looked after children that the background and what's going on makes so much noise. It is like white noise, you know. It's like noise in the system that makes it very difficult for you to focus*" (Participant 6)

The same participant talked about the complexity of LAC's lives and how "*you're endlessly bombarded by events in the real world that impacts on them and on you*" (Participant 6). The realities of these children's lives and the therapist's involvement with the network and these external realities made it hard to clear a space for the child. The following description even uses the word "*contaminate*" to describe the impact of the external world;

> "*the external world is often very, well its very important, because there are sort of real things going on in the external world that can be disturbing and you do hear a lot, so I suppose it does contaminate what you, what you think you see in the therapy, so yeah, it's impossible to keep the external world out in the same way*" (Participant 5)

There seemed to be a general consensus that it meant you had to be in the real world more with LAC than you might otherwise be. One felt that at times you just needed to be more practical, flexible and available to deal with external events and crises.

Participants felt that external events in the child's lives meant that they had to adjust their technique in order to accommodate this. Again this involved negotiating boundaries and explaining to the child what they were doing;

> "*I think with looked after children unless one gets hold of a network adequately uh, actually you might not help the young, the child. So and then the meaning of that for the child, you know, I would spend a lot of time on that in the therapy in the room with the child and I'd be more transparent talking about our relationship with the network. So there's probably more of an intrusion of the external world if you like*" (Participant 7)

This was described as having to do greater "*mediation*" (Participant 6) between the child and their environment. On reflection I was told "*that is a change of technique, you're not just following the child"* (Participant 7). This perhaps had other consequences at times;

> "*You're much more transparent with the child. Um does it disrupt the transference? It might do because they see you much more as an active player, an active figure, than just a recipient, a recipient of projections*" (Participant 7)

There were however divergences in participants thoughts about this. Not all felt that the external world intruded and some felt that their knowledge about the child's external world gave them valuable information which enabled gentle linking of their internal and external worlds, rather than intruding on the transference. One felt that LAC's lives have already been so fragmented that linking up knowledge about their external worlds with their internal worlds, prevents repetition of those earlier fragmented experiences. Another spoke of the way in which good work with the network could shift both the family dynamic and the internal world of the child which could then be seen in the therapeutic relationship. They continued

> *'The work in the network frees up the facilitating environment that the child is trying to grow within and this enables the child to make better use of the transference relationship'* (Participant 1)

This is very interesting because unlike the participant who felt that the work with the network could disrupt the transference, this participant felt it could facilitate the relationship.

Although the recent literature emphasizes the value of working with the network, the impact of this change in technique on individual work with this cohort has not been written about in depth. Interestingly these participants did not talk about whether they had co-workers who could do the networking for them. There are of course advantages and disadvantages to doing the work with the network oneself. However even if the child's psychotherapist did have a co-worker to do the networking, the sharing of

information between colleagues would I imagine still inevitably have a conscious and unconscious impact on their therapeutic relationship with the child. Hughes (1999) is one of the only authors to focus on this and she emphasizes the particular importance of the therapist constantly bearing in mind the child's internal world in relation to their external circumstances. She highlights how the child's internal world and the external network will both impact on each other; '*the internal world of the child will be both impinged upon and in turn, act on the care system'* (Hughes, 1999, pg297).

It seems the boundaries of the therapy have had to become more flexible and have had to expand in order to incorporate the very complex realities of working with LAC. Strati (2007) writes that there are inherent difficulties in managing the additional role of working with the network, '*without compromising the undistracted unfolding of the therapeutic relationship'* (pg284), however she does not expand further on this. This issue is very important to this particular cohort where there is so much involvement with the network and is an area which has not been emphasized or explored in detail before. This issue may of course also be important with other cohorts where there is also a great deal of work with the network. The material in this project therefore reaches new places where other material has not gone before. This area of the research opens up a new and important space for thinking about the extent to which this external work with the network can intrude upon, add value to and change the dynamic in the room with the child. It is something which is important for psychotherapists to consider carefully, when taking on the inevitable challenge of working both individually with the child and with the network.

2) INTERNAL WORK WITH THE CHILD

a) Making and Pacing Interpretations

Participants seemed to feel that it was important to think about the pace of their interpretations. One spoke about how they often had to wait to give their interpretations. They believed that this was when psychoanalytic knowledge could be particularly helpful because one could feel that one was not doing anything which resembled classical interpretative work. Another said

> *"The psychoanalytic bit is to do with the training that is going on and help us to know how to do this and how to understand what the child is trying to*

convey. And how to work with the feelings that they sort of really stir up in us. That's the psychoanalytic bit, but it's not the interpretations I don't think at this point. I think it can be harmful almost to interpret too much" (Participant 1)

Another agreed when they said that the hard part is knowing how to communicate your understanding because it is often not done through words. Instead it is communicated by listening, staying alongside the child and through the therapists' 'presence'. Someone else said that you might hope to get to talk about the trauma or some difficult issues, but that sometimes this was possible and sometimes it was not. There was a huge awareness of how to approach trauma and how this was not always possible. There was certainly a sense of taking things slowly;

"*You might use very similar techniques to a looked after child who is traumatised. In other words, you've got to kind of tiptoe after the pain and that you can't um, yes and that you have to be um, you have to control your therapeutics really*" (Participant 6)

Many spoke of how interpretations may need to be slower and how it could be cruel to go down the traditional route. They felt they needed to take their time, be more cautious and "*pull right back*" (Participant 3). They thought about this being related to the trauma which LAC had experienced. They spoke of allowing the child to pace the work and that it may take a long time to get to stage one. One said "*it's been about containment…sometimes you're doing pre-therapy stuff" (*Participant 5*)* while another spoke of doing things as "*calmly and steadily as possible*" (Participant 1). Sometimes the work would simply be about helping them to put the pieces together in relation to what had happened to them, rather than being so focused on interpretations. There was also the idea of being a supportive developmental object. One said;

"*what you're doing is, is actually uh, putting together and building an ego supportive and helping you know, adaptive defences and that you shouldn't , you don't have to be looking for the trauma because its there anyway. It's more about processing the trauma or finding ways of coping with it*" (Participant 7)

The pace of interpretations is an issue which has been addressed generally in previous literature about technique in psychoanalysis. Although this is not specific to working with LAC, Sandler (1985, pg 4) writes

> *'Not everything that is understood can be appropriately conveyed to the patient at any given time, and a selection of what is appropriate has always to be made. In this connection questions of timing of interpretation assume a special importance'*

Sandler continues to think about how the extent to which the therapist would use certain techniques such as holding rather than interpretations would depend on the degree of disturbance in the patient. When the disturbance was severe, she acknowledged that classical interpretations may be of little use. This seems in keeping with the approaches used by these participants, who often felt that with LAC they had to wait to make interpretations, or else they had to find other ways of processing the trauma.

Hunter (2001) reminds us that Rosenfeld (1979) suggests that giving the patient time was important in allowing them to express their feelings, while the therapist only attempted tentative and infrequent interpretative work. Hunter (2001, pg130) also mentions Donald Meltzer who said one needed to tip toe up to the pain. In fact these were the very words used by one participant. Winnicot (1971, pg 59) points out that interpretations are not useful '*when the patient has no capacity to play'*. Slade (1997, pg89) also says that more disturbed children, who cannot make believe, fail to '*separate language from action and actuality'*. Alvarez (1992) suggests that with the borderline psychotic child, interpretations of phantasy can escalate anxiety. Pine (1985) explains that in order for interpretations to be received, the patient needs reliable intrapsychic defences to protect themselves against an experience of disorganisation. Although these ideas are not specific to LAC, they may explain why these participants felt that interpretations were not always the best way to approach the disturbance in these children. Perhaps the work is more along the lines of what Slade (1997) suggests, in that the focus is on *creating* meaning and symbols together, rather than *uncovering* and interpreting internalized conflicts or disguised expressions.

Pacing interpretations has however also been addressed in the case studies focusing on work with LAC. These participants confirmed that how and when to make interpretations was something they were collectively thinking about. Boston (1972) writes about work with a boy in a children's home and how she felt interpretation was possible, although it took time for him to be able to gradually listen to her interpretations. Although Hunter (2001) writes that interpretation is a crucial method for insight and change, she also agrees that '*therapists may need to hold onto what they feel for a longer time before they offer it back as insights'* (pg172). She elaborates that deprived children could experience premature interpretations as aggressive attacks which only lead to further cycles of attack and defence. Similarly to participants she felt that '*such extreme vulnerability requires much sensitivity in the timing and wording of any approach'* (pg130). Gibbs (2006) also found with one looked after child that she could only use interpretations sparsely and carefully.

As explored in the introduction, interpretative work with LAC is the sole focus of Kenrick's (2005) paper. She thinks about timing and wrote '*I think we more often build up our interpretations quite slowly'* (pg 29). She gives an example of one occasion when she connected with a child's pain too quickly which resulted in him fleeing from the room. She raises two technical questions. The first is how to proceed when a LAC quickly raises painful material before they are ready to reflect upon it. The second is when to think with the child about feelings and realities of deprivation and when is this too persecuting? Participants in this research seem to be battling with similar considerations.

Participants frequently thought about how and when to make interpretations in relation to the trauma which LAC had experienced. Kenrick (2000) acknowledges that LAC children carry traumatic experiences with them and often enter the care system because of basic trauma. In 2005, Kenrick writes about an adopted child who she does not want to risk further traumatising by pushing for more memories about early abuse. Jackson (2004) describes the technical dilemma of how to use interpretations with a particular child in care. He felt that words or interpretations alone were not adequate in reaching her. Jackson describes how when the child was afraid of the sound of a siren, he mimicked this sound and said that was such a shock rather than interpreting the child's own fear. He writes about how his interpretations often fell on deaf ears. He found that

this child needed more concrete evidence that the therapist could stand and survive her attacks before she could move onto something more symbolic. Henry (1974) experiences something similar when writing about another individual case; '*he treated my attempt to reach him with an interpretation as if I were a sort of annoying child, or a noise in the background'* (pg91).

Jackson (2004) continues to paint a vivid picture of the child who was not happy with him saying that she felt he should be sorry. The interpretation was not sufficient as she continued to insist that she wanted a concrete "*sorry*". He mixed an apology within the context of an interpretation when he said *"I should have to say – I am sorry"* (pg65). This work describes the constant dilemma about *'when should one withstand the pressure to enact, and interpret with words alone?'* (pg68). He describes the need to often enter the script first and only later talk about what might be happening under the surface.

Marsoni (2006) describes a similar cautiousness and sensitivity in what and how she said things with a particular child in care. She describes how for the whole first year she limited herself to just naming and describing what was happening in the play. Similarly to Hunter (2001) she felt that her attempts to interpret violence would only escalate these feelings. Marsoni describes the long process of having to be very careful about saying too much or how much linking could be done, until they eventually got to the point of child being able to think together. Strati (2007) thinks about technical issues when working with LAC and how with one LAC the interpretative work needed to be built up gradually. Both the timing and the grammar needs to be thought about in order for interpretations not to be rejected. As explained one participant felt that the work was about containment and pre-therapy work rather than interpretations. Strati would agree with this, saying '*the technical emphasis was more on the experiential side of the therapeutic contact*' (pg 276). She relied less on the actual words and more on her tone of voice which resembled a soothing and attuned mother. In Fry's (1983) paper she also gives examples of work with LAC and how she felt that technically the most important element of her work was having a practical and conceptual holding framework when working with deprived children. Lanyado (2008) also describes work with a child who was in foster care and then adopted. She describes adapting her technique when working

with deprived or traumatised children, by limiting interpretations and instead facilitating their ability to play.

The collective experiences of the participants in this study who felt that they really needed to pace their interpretations, was congruent with the individual experiences of psychotherapists who have written about their individual cases. This was also consistent with literature focusing on how and when to make interpretations in general when working with more severely disturbed patients or adults. The role of this research has been to bring together the practises of experienced psychotherapists in this field in order to gain a better overview of important technical considerations with LAC. Grounded theory adds validity to the findings as it enabled the experiences of psychotherapists to be brought together, rather than having to rely on individual case studies. This material has important implications for practice, as psychotherapists should feel confident to use other techniques aside from the classical interpretations. This research may help us to re-think what psychotherapy is for this group of children and encourage psychotherapists to feel that it is their psychoanalytic understanding, rather than simply classical interpretations in their purest form, which can help reach these children.

b) Transference and maternal transference

Participants thought about making interpretations in the transference. They had a variety of thoughts about transference which will be expanded on. These include working in displacement rather than making transference interpretations, whether to encourage or discourage the development of the transference relationship, whether maternal transference interpretations even made sense to LAC and whether or when to make them. One said

> *'For many LAC, intimacy is terrifying, so direct transference interpretation is experienced in a very paranoid way'* (Participant 1)

They explained that this would not mean they would be working outside the transference relationship but that they would have to find other ways of communicating their understanding rather than by interpreting the transference. Some spoke about making interpretations in the context of play, rather than making direct transference

interpretations with LAC. One told me "*with some Looked After Children I might never take things up in the transference in relation to me"* (Participant 3). They also said

> *"my experience here with children is that it doesn't really matter whether you do or not, but as long as you're saying things about transference issues umm, within the play, or within the sessions but I just might not relate it to me. Umm it's pretty and, for quite a lot of children it's pretty meaningless and sometimes it feels too cruel and insensitive*" (Participant 3)

I was told by another participant that they also tended not to make transference interpretations, while another spoke about being cautious and not jumping into them. Another said;

> "*my experience with looked after children is you don't have to encourage the transference, but its there, very quickly and very um, in a very heated way actually and actually sometimes, one might want to um, disconnect the transference really because there's such an internal working model if you like, due to attachment theory of, you know, of being let down of, of feeling not being heard or, you know, and such a rage at the object that it actually gets in the way of therapeutic alliance so sometimes one has to disconnect it a little bit*" (Participant 7)

Rather than always working through transference interpretations, at times this could be about helping the child develop a new relationship, rather than getting stuck with an angry transference. Another said

> *"I think maybe there's quite a lot of um, being like the developmental object, that's talked about where um, you know, at times children are going through experiences perhaps they've not had with somebody and um, before. So its not just about transference stuff, sometimes its about that they're actually getting a new experience with you, like children who um, get the experience possibly for the first time of just being able to be with an adult and um, in a peaceful way without impingements"* (Participant 5)

Participant 4, who believed that one-to-one work should not be the treatment of choice for LAC, was very clear that it was not a good idea to be attracting a transference relationship to yourself because the primary task should be looking at what goes on between the child and their foster carer. The thinking would be more about how to help the foster carer with the child's transference to them. The psychotherapists role was therefore one of "*being a grandmother rather than a mother*" (Participant 4). Another described how the younger the child was, the more likely they were to have the carer in the room "*and the less likely I am to develop the transference*" (Participant 7). They continued to say "*I'd be loosening the transference to me and encouraging the relationship between the two of them*" (Participant 7).

Thinking about transference was extended to working with maternal transference and one spoke of it as a dilemma "*whether to mention and how to talk about a maternal type transference*" (Participant 2). They felt it was too complicated and was an area of acute pain. Again they felt that this would be kept in displacement and these kinds of transference issues would be interpreted in the play. Another said "*the transference interpretations and the mummy kind of bit. Its very difficult stuff, all of that*" (Participant 6). Interpreting the maternal transference was something which most seemed fairly clear they would not do.

> "*I would not go there. Mostly you try to, you know and practically um, hardly ever do the mummy thing because its likely to be so uh, such a, that's a very difficult conversation and its, its um, you do tread on eggshells a bit… if I talk about mummy things, I tend to talk about the real mummy. I have done that, you know, you go backwards. Yes the birth mummy or do you think that, when you were very little and mummy did this or you felt this, this happened with mummy which I suppose in some ways is to get out of, is to, to um, not take the transference but I think the, it's difficult. I think that it's very easy to insult the child by uh, seeming to claim that their relationship to you is of the magnitude that their relationship to their mother is. Um, so I rarely use that terminology. I'm not quite sure why now, have a think about it and I mean, um like a mummy person, no I would say that, like a mummy person. I just wouldn't closely identify myself with their*

mother and if they're talking about their mum I wouldn't necessarily bring it quickly into the transference with me" (Participant 6)

Another said

"*I wouldn't use mummy interpretations. What mummy? The foster mummy? The birth mummy? Foster mummy number 1, foster mummy number 2, foster mummy number 3? It doesn't make sense!"* (Participant 4)

Another agreed, describing how confusing this can be for a child who has had so many maternal figures in their lives, as well as how confusing it can be for the therapist to know who they might be for the child at any given time. Others spoke about how careful you had to be when thinking about the maternal transference, so as not to give the child any false hope that you may actually be able to become their mummy. One was not sure how the child would receive such an interpretation; would they feel you were offering something rather than acknowledging a wish? Another highlighted just how confusing this can be for the child and how sensitive an area this can be;

"*there might well be an only just below the surface wish for you to be their mummy and I think that can be very cruel and tantalising to actually make a mummy interpretation uh, because it seems as though its colluding or agreeing that this is possible. Uh, now one has to be extremely careful about that. I think, very, very delicate about that really…. I mean one little boy that I'm seeing at the moment um, has been taken in by his teacher…Other mummies come along and so I think one has to be very careful about that*" (Participant 7)

Revival of unconscious conflicts in the transference and resolution through interpretation was one of the corner stones of the classical psychoanalytic approach. Although these participants understood the relationship in terms of the transference and maternal transference it is very interesting that they were often choosing not to revive or interpret this. It is important to be reminded of previous literature and classical technique in order to think about how these participants felt that their work with LAC differs. Freud (1912a) of course wrote that '*every conflict has to be fought out in the*

sphere of transference' (pg104). According to Classical technique, the transference could then be interpreted.

Baker (2000) writes about a different kind of transference, when the therapist becomes an actualized transference object. This occurs as a reaction to the therapist's countertransference and affective responses, or as a symptom of psychotic or other severe disturbances in the patient. One participant did wonder whether being more of an '*active player'* and being more '*transparent*' with the child about the work you were doing with the network, might indeed '*disrupt the transference'*. Baker also wrote about patients who could not use transference interpretations.

> '*Severely damaged patients (e.g., those suffering from transference psychosis, borderline states, or developmental arrests) cannot hear or process transference interpretations and so may be unable for many years to experience their analysts other than as torments*' (pg 145)

This sometimes left these therapists, as indeed the participants in this study, in a dilemma of how to treat their patients when transference interpretations could not be used as one of their primary tools. Baker describes how usually the therapist must re-establish a Neutral Position by making a transference interpretation and therefore show that they are not a replica of the past. However these participants felt that often this could not be done with LAC who just as Baker describes are the very patients who frequently cannot work in this way or hear these kinds of interpretations. Baker describes how it was these patients who may insist on their therapists becoming actualized transference objects. These participants certainly felt that they often became real torments to their patients and transference interpretations were not useful in breaking these perceptions. Perhaps this was exactly what these participants were desperately trying to avoid (becoming a real torment) and may explain some of the other changes in techniques to be discussed.

In relation to transference when working with children in general, Kenrick (2005) reminds us how Klein was uncompromising about the need to make early interpretations and how '*for her the whole treatment was an analysis of the transference'* (pg 25). In 1970, Rosenbluth dedicated a whole paper to transference in

child psychotherapy and she emphasizes Klein's belief that the central focus of technique with children should be consistent interpretation of the transference. She believes that this is what distinguishes psychotherapists from other adults in the child's life. However a great deal has changed since 1970 and earlier, when the majority of psychoanalytic work was being done with neurotic children. As psychotherapists have been increasingly working with more disturbed and fragile children, attitudes have changed. Boston (1999) reminds us of the work of Dockar-Drysdale who suggests that certain children are not ready for psychoanalytic work which involves interpreting the transference, but instead need a 'primary experience'. This thought however is not specific to LAC, but to children who have not had the experience of loving someone as a separate person.

In relation to LAC, very little has been written about specifically whether to work with the transference. Sprince (2000) writes that the transference which develops in individual work does not help LAC to bond elsewhere. Kenrick's (2005) paper does start to think about this area and does not assume that the transference must always be interpreted with LAC. She questions how to link the child's past to the transference and countertransference in the session. Although she does not believe the past and the transference should never be interpreted with LAC, she wonders when this should be done and how to get the right balance between simply describing the child's phantasy and linking it with transference meaning. She believes that moving from describing what is happening in the play can only be brought into the transference, as much as the child can manage. Strati (2007) initially worked in displacement with a looked after child, which is similar to many of these participants. She felt that this child used her not only as a transference object but also as a developmental and contemporary object. Although working with the transference has been extensively thought about in psychoanalysis, it is clearly not something which has been explored in great depth in relation to LAC.

Sometimes participants actually felt that the transference should not be directly worked with at all. At times they touched on whether work with LAC should be more about giving the child a corrective emotional experience with a new object rather than trying to revive and interpret the transference? It was Anna Freud who first thought about the potential for the therapist to be a new and different object for disturbed children. It was

not only that participants were struggling with how and when to make transference interpretations, as Kenrick (2005) describes, but that they often felt the transference should not be worked with directly. Baker however might argue that it was the powerful and at times dreadful countertransference which was experienced by participants which was interfering with their neutrality and their willingness and availability to be used as a transference object. Although Baker does not condone what could be viewed of as countertransference enactments, he acknowledges that non-interpretative elements can also lead to change. He believes that improvements can also be gained through the provision of safety and survival because '*these factors are themselves an implicit transference interpretation*' (pg145).

Making maternal transference interpretations has been briefly mentioned in a few of the papers focusing on individual cases with LAC. However this had not always been a technical issue in these papers. For example Gibbs (2006), Newbolt (1971) and Henry (1974) all use mother interpretations in their case studies. Jackson (2004) also interprets the maternal transference when he said to the child that it made her feel like he was a bit of a mummy or a grandma. Perhaps this felt different as a male therapist as there may have been less of a risk that the child would have confused their wish for the therapist to be like a mother with a very real hope for the therapist to actually become their mother. This was something which could not be explored further in this study as all the participants were female. Hindle (2000) also feels that working in the transference, enables the nature of internal objects to be explored and this means psychic change is possible. She does not specifically address if and how to use maternal transference.

It seems that the participants caution about interpreting a maternal transference is incongruent with most of the previous literature. The above writers feel there is more of a potential for interpreting the transference and maternal transference. As described in the literature review, the only author who feels similarly to these participants is Hunter (2001). She writes that interpretations with the word mother in can be very difficult. She thinks that making parallels from child to mother, to child to therapist '*may deeply wound and be misunderstood*' (pg173). While Strati (2007) feels that transference can be interpreted, she writes about how confusing LAC can find the role of the therapist. When she asked a child if he would like to carry on seeing her, the child said he did not

want to come and live with her. This is similar to participants who felt that maternal transference interpretations could be very confusing for LAC.

The material in this research highlights that traditional psychoanalytic ideas of working with the transference and maternal transference, raise many technical issues when working with LAC. Although many authors have questioned the viability of working with the transference with particularly damaged adults, or those with psychosis or borderline personalities, the issue of working with the transference with LAC has not been taken up in depth before. Kenrick (2005) has been the only author to dedicate a paper on how use the transference when working specifically with LAC. This research therefore highlights this as a fundamental technical issue when working with LAC. The material takes this a step further by revealing that working with the maternal transference is also a technical issue, as suggested by Hunter (2001). This research reveals that this is a widespread consideration when working with this cohort and this has not been extensively dealt with in previous literature. Again this material has important implications for practice as psychotherapists should feel confident to use other techniques aside from working with the transference and maternal transference, in the same way that psychotherapists have thought about other techniques for borderline or autistic children. Again this research challenges the use of traditional psychoanalytic techniques when working with this cohort and helps us to re-think what psychotherapy is for this group of children. Psychotherapists should not be left wondering what it is that they are doing with LAC, but feel confident that it is not always traditional work with the transference which is helpful.

c) Countertransference responses to deprivation

- **The need to stretch boundaries OR**
- **A risk of acting out**

Psychotherapists talked about their emotional responses which they felt were features of working with LAC who had experienced so much deprivation. This led onto vast descriptions of wanting to stretch the boundaries and give more to these children. Pigeon and Henwood (1996) describe category splitting which is a useful idea in this instance as on the one hand this type of boundary stretching was framed as something necessary in order to reach and help these children. On the other hand it was framed as a potential risk because the therapist may act out by trying to make up for the deprivation.

One of the key countertransference responses was that of being made to feel "*mean*" (Participant 1), "*cruel*" (Participant 6), "*punitive*" (Participant 2) or "*withholding*" (Participant 2). They were often made to feel like the abuser and one told me;

> "*I have talked a lot about the children but it's also about you. I mean, how horrible it is to have to accept that you're being seen as a thug or a bully or a sexual seducer… you know the, perceiving yourself in the transference is horrible and you want to step outside it. It's not me. I'm not doing this to you. You know, I'm not doing these awful things to you*" (Participant 6)

Another extremely dominant emotion was that of getting in touch with the children's pain and an overriding feeling that they wanted to do more. They spoke of feeling sad and worried and of getting in touch with the child's terrible aloneness. They talked of a sense of responsibility and of the work at times being "*horrendous and incredibly painful*" (Participant 5). The feeling of despair was also frequently mentioned as something that both the child and the psychotherapists had to deal with. One spoke of feeling powerless and useless;

> "*I think there is a sense of inadequacy, of not having enough…there's such an intense need there and you can feel like there is nothing that you could offer that's going to be enough*" (Participant 3).

One spoke of a child who they felt needed more and said "*you can never give enough*" (Participant 1). Some used the metaphor of hunger; one spoke of a child "*being very hungry for something*" (Participant 5) and another described a "*desperately hungry child*" (Participant 7). Another spoke of the potential to feel like a failure and like you have not made things better. One thought that "*therapists can be longing to have a closer relationship with the child*" (Participant 1) and another said "*you want to take them home at holidays and at the weekends and all those kind of feelings*" (Participant 2). There was the sense that LAC could "*get right inside you*" (Participant 5).

They spoke of intense relationships and one thought;

> *"the feelings that a LAC brings, they put quite a lot of pressure on you as a therapist, on me as a therapist, I think that they want help"* (Participant 2)

These feelings seemed to lead to participants either giving a little bit more or stretching their boundaries. There was the largest proportion of data under this category as most participants spoke in depth about this issue. Some vivid descriptions have been chosen from the vast amount of data. They described incidences of doing more or working harder for LAC.

> "*its hard to shut it off and if you read about those children one after another how um, just how awful that is and how filled up you get with the feelings and, and how that gets into the team in the sense that the team all really overwork and its like um, the work around the child can feel endless because of all this network and that it feels quite often that you're not doing enough. You're never doing enough. Well I, that team certainly are doing more*" (Participant 5)

There were other examples of wanting to go above and beyond for LAC.

> "*I want them to be claimed. I will go, you know, I'll go out of my way to support you know, the carers and the network and I will come in for holidays and my days off and, do you know what I mean, so in that sense if would. Yeah because the stakes are so high for them"* (Participant 7)

> "*I did want to adopt her. She was only three and yeah, that was very, very hard and her, and her play and the despair really um, of not, you know, not having a place but it was actually very interesting being able to work with her um, because I carried on, I insisted I carry on working with her in to her next adoption and for two years after the adoption which I did. I was lucky enough to do that. The family travelled quite a long way uh, because she was adopted out of area quite a long way away and they travelled back to see me and in fact brought her back to see me 13 years later when she was in a bit of trouble, but she was out of area and wasn't strictly part of our,*

but I saw her anyway… so yeah, breaking the frame again. One does do something a bit sort of exceptional really" (Participant 7)

There was certainly a sense that sometimes things were being done differently and that technique was being changed. Many spoke of the challenge of even getting LAC in the therapy room. For example;

"Children in and out of the room… I mean that's just standard I would say…You find yourself doing things slightly differently with LAC than maybe with other children. So there is something about your boundaries, you have to, there's something about, you have to be slightly more flexible, but not too flexible that you lose all structure" (Participant 2)

These boundaries could be stretched in a literal physical sense, in that psychotherapists expanded the therapy setting.

"I think these children in some ways quite simply need more than a room. That they need more, they're severely deprived children and sometimes if its possible, within the clinic setting you might find that you need to have in your head a sort of clinical setting in your head which encompasses a larger area…Certainly the one that I've written a fair amount, she spent a lot of time in the bathroom. So in the end, and in the hallway because I was seeing her privately….she would be on the stairs, we would play on the stairs quite a lot or she would be in the, there's a little bathroom and I just came to think well she just needs more than the room. She quite simply needs more and actually I don't have to fight with her about it in this instance. I could give her more. I felt actually why am I making a fuss about the room? We've got to be in the room, but actually it's not a problem."(Participant 1)

This literal expansion of the space, may have been dependent on the settings which people were working in, but there was certainly much thought given to boundaries and the importance of getting "*a boundary around the work*" (Participant 1). One said she did not want to give the impression that the child could be freely wandering around, but that it was ok to stretch the boundary within a psychodynamic framework. They spoke

of asking oneself why they were stretching the boundary or giving more and that it was important to "*know your boundaries*" (Participant 3 & 6).

An extension of this theme of stretching the boundaries and giving more was revealed in another very concrete form, when participants spoke about giving LAC biscuits, food, cards and presents. Depending on the setting, if they weren't giving the child more space, they were "*bending the frame*" (Participant 7) by giving other things. One participant spoke about concrete feeding of LAC in the context of an upsetting story about a particular child;

> "*I am more, I have been more concrete with looked after children so yes, that's true, and I've introduced yes biscuits, apples, you know concrete feeding in the session, um not with everyone and I would think about it very carefully but I have….When I heard that session, I couldn't bare it. I just couldn't bear it and he bumped into me near the kitchen and he'd seen the chocolate biscuits in the kitchen and I bought them into the room and he scoffed the whole packet of chocolate biscuits. He was as thin as a rake. So from then on, I bought chocolate biscuits every session*". (Participant 7)

They gave descriptions of LAC who were more concrete or materialistic. One told me that there were other ways of needing to be more concrete at times, when they thought about sometimes giving the child some real information about something rather than endlessly interpreting their fantasy. The term 'as if' quality was used by two people and one said "*it's very difficult to get into the as-if-ness I think with this particular group of kids*" (Participant 7).

I also began to ask about why they thought they were changing their techniques in order to give more to LAC and whether they thought that these kinds of changes were helpful. The responses were of particular interest and some quite honestly said they did not know.

> *"I think sometimes it's hard. I just don't know. I still don't quite know whether I should be doing it with all the children. I do it, but um…and I talk about it in supervision, but um, I don't know really*" (Participant 5)

Another said

> *"They do tend to be very materialistic. They've learnt that materials don't let you down as much as life and affection and attachment…and sending them cards once in a while, I have done. I would never do it to a child that was not in uh, I don't know, I mean some of the things, I don't know when lowering of the boundary is helpful or not and I'd be open to ideas really. Some I think you can't tell and you just take a chance and hope*" (Participant 6)

They asked genuine questions of themselves and gave honest answers; "*is one just acting in the countertransference? I don't know*" (Participant7). In a follow up email another wrote

> *"I think that sometimes it's trial and error – we don't always get it right and I think its important around these kind of issues not to see it as the end of the world if we provide something and later realise we have enacted something or were acting out – we can learn from that"* (Participant 3)

Another participant felt that it was always a risk when you followed your intuition. If they were right in stretching the boundary then the work would deepen and become more contained. If they were wrong then the child would display further controlling and demanding behaviour.

There were also explanations about how participants felt that LAC did genuinely need more and that it was necessary to stretch the boundaries. Therefore giving in the form of concrete objects or food was one way of communicating which was more likely to reach them and facilitate engagement. One said you might be able to "*meet a certain <u>need</u> or enable the therapy to open up a bit more*" (Participant 1). One felt it was helpful for the following reasons:

> "*My feeling is that sometimes and it's these children, these children, it's not what you <u>say</u> but what you <u>do</u> that makes a difference and you realise that in*

the room. You may be saying and interpreting and thinking and empathising but it's what you do. It's your tone of voice, it's your body posture, it's your, if you know what I mean, it's the way you're responding to them at that level. So that's why I think the apples, the chocolate biscuits, the cards, there's something that um, it's a kind of different level of communication because they've been told a lot of things. You know a lot of things have been said to them" (Participant 7)

Giving more and stretching boundaries was also thought to be acceptable and helpful in order to help the children manage their feelings of deprivation.

"*it's how much children can, you know, I suppose with adults you would expect adults and, and fairly okay children to um, be able to cope with thinking about it instead and putting it into words so longing. But whether for some children that is just too painful and too much and um, suppose that's the dilemma I have about it and also as well as my need to, to do it. So because I mean its never enough, so you still get to the feelings about, you know, deprivation and what you don't get in the fact you don't give them a present and when its birthdays and Christmas and the fact you go on holidays and regardless of how they're feeling and so you still get all that stuff. Its just um, whether in order to um, make the feelings more manageable in an ongoing way, don't know*" (Participant 5)

Others described how these kinds of nurturing interventions, such as giving actual food was part of the culture where they worked.

Participants seemed to be grappling with themselves as to whether this change in technique was something acceptable and helpful. As illustrated, on the one hand this feeling of wanting to give more was described as something necessary in order to help the child and could serve as a reparative intervention but on the other hand it was also framed as a risk which might lead to acting out. They were able to reflect on whether the countertransference feeling of being like the depriving or cruel parent as described above, was something unbearable and was avoided by the 'giving'.

> *"We can fool ourselves. Um, so you could be benign and give your child a biscuit because you really can't bear to be the depriving parent or mother or whatever, you know the, the rejecting breast or whatever language you want to put it in and if that's the case then you've just got to stand up to yourself and say just don't be such a, you know, stop being uh, wanting the other person to like you too much"* (Participant 6)

These same participants felt that LAC did evoke something in psychotherapists which was actually unhelpful;

> "*they're not fill-able up if you see, you can't fill them up. There's such a big hole there and you can't even, that is another risk, that you constantly want to make up for the deprivation in some way, give them more, more, more, more and that's a risk as well"*(Participant 3)

One felt they had discovered that actually "*it's not kind to be too nurturing or to act as if you could give more than you can"* (Participant 7). Another felt strongly that the work should be with the carers and network, rather than with the individual child because of the potential for a difficult and unrecognised countertransference with LAC.

> "*one of the difficulties, is that that's an unrecognisable countertransference that child psychotherapists tend to feel that they can do it best because that's what the child makes them feel and it ain't helpful*" (Participant 4)

This participant most strongly felt that there was a risk of psychotherapists feeling omnipotent with these children and embarking on a narcissistic exercise where the child makes them feel they can give something more and better than anyone else. They felt that "*there is something very powerful in the transference and I do think it's unrecognised*" (Participant 4). This was echoed in another interview

> "*I think the risk really about acting in the countertransference is very high I think, that's the thing that I think one has to be very cautious about*" (Participant 7)

There were questions around psychotherapists "*thinking they're omnipotent*" (Participant 4). This was raised by another person when they thought about a LAC team who worked so hard and gave so much. The participant described how the team had been wondering if they were being "*omnipotent*" or trying to be "*superhuman*" (Participant 5) when trying to rescue all these children.

The literature on working with LAC certainly describes a difficult countertransference, just as the participants did. As explored in the literature review Hoxter (1983) writes of the pain of working with these children. Many authors (Henry, 1974, Hindle, 2000, Marsoni, 2006) explore their helpless, despairing feelings and how the child turned them into a depriving, insensitive, hardened object.

Henry (1974) describes her patient in her paper Double Deprivation who accused her of '*coldness and negligence, in failing to provide what he needed'*. The patient complained of being kept waiting and that the therapist was not available. The sense of not being given enough was very present as even when this patient was offered another session, they then wondered why they could not come every day. Hunter-Smallbone (2009) writes about feelings which can be aroused saying

> *'The child may continue to arouse in the therapist feelings of inadequacy and guilt that he is 'only' providing therapy' (pg127).*

She moves on to describe not only the feelings aroused, but the desire to actively do something;

> *'It is very painful for us to perceive suffering in children. We want to take action to remove the pain.' (pg131).*

Hindle (2000, pg377) writes about a child who could not sustain symbolic communication and '*only action would suffice'*. This child demanded a great deal and gave the impression that they just could not wait, making the therapist feel that

> *'Thinking about his need was unthinkable and that only an immediate response would do' (2000, pg372).*

The participant's feelings and thoughts were similar to these descriptions. Within the participant's thoughts about stretching boundaries, was the issue of the physical boundaries and children who would not stay in the room. In Hindle's (2000) individual case study just mentioned, there is a similar description of one child who flaunted the physical boundaries and spent time out of the room climbing trees. She describes a similar dilemma about whether to stretch the physical boundaries by reflecting with him and making interpretations outside of the therapy room, or to limit this work to the actual room.

Ironside (2009) acknowledges just how hard it can be to work with LAC. He says that although psychotherapists are trained not to react in impulsive ways, with more problematic patients and foster children, they may indeed feel like acting out in some way. He highlights beautifully the struggle to know what is best to do

> *'How for instance, do you differentiate between a greedy child and a needy child within the fostering situation? This can be a difficult enough task for any parent but can be much more extreme and complex in the fostering situation when there is often such a pull towards 'compensating' a child for the hardships they have had to endure' (pg4)*

He does not however expand on whether he feels that actually compensating for the child's hardships can sometimes be helpful or not. Hunter (2001, pg8) in particular acknowledges that many LAC '*present considerable technical problems in the management of therapy'*. This was something which was certainly confirmed by these participants. The striking and powerful sense with which these participants describe being made to feel they are not giving enough is therefore nothing new. What is however new and is revealed in this research is how participants respond to this feeling and how they are often actually doing things differently or giving more to LAC. This was a particularly striking and important feature of this research.

One of the key issues raised was their own tendency to give food or gifts to LAC. The technical problems of how to manage the feelings aroused by LAC were leading them to change their techniques and do things differently or give more. Again the issue of

boundaries was under question. However participants were often uncertain as to whether this was the right thing to be doing. Were they adapting their techniques or were they acting out? Perhaps at times they helpfully gave more to these children and tried to facilitate something positive in order to show that they were not a replica of the past, when transference interpretations could not be heard? Or perhaps they stretched the boundaries because they found it too unbearable to tolerate a countertransference which turned them into the un-giving, uncaring, cruel parent time and time again? Some said that they simply did not know if giving more was the right thing to do to, whereas others felt this was essential for engagement and change. The same participants could frame their responses to deprivation as both something helpful and at other times unhelpful.

Although the literature does describe the emotions and technical issues which LAC can evoke, it varies somewhat on whether to adapt technique and to stray from the classical psychoanalytic framework and boundaries. Historically there have been two attitudes towards countertransference. Lanyado (2004) reminds us that Freud's Classical view was that countertransference was a hindrance as it reflected the therapists own neurotic conflicts and feelings. Later the Totalistic view emerged whereby countertransference was thought of as all the emotional responses of the therapist and that these could be used as therapeutic tools. Freud of course warns against gratifying either the positive or the negative transference and Alvarez (1985) reminds us of Freud's insistence that acting-out by the analyst might appear to speed up recovery but actually only serves to make the patient struggle to truly overcome their resistances. In Freud's (1915) paper on transference love he writes about female patients who fall in love with their therapists and how the therapist must deal with this;

> *'the experiment of letting oneself go a little way in tender feelings for the patient is not altogether without danger. Our control over ourselves is not so complete that we may not suddenly one day go further than we had intended. In my opinion, therefore, we ought not to give up the neutrality towards the patient, which we have acquired through keeping the countertransference in check. I have already let it be understood that analytic technique requires of the physician that he should deny the patient*

> *who is craving for love the satisfaction she demands. The treatment must be carried out in abstinence'* (pg164-165)

Freud is referring to patients who want more both emotionally and physically from their therapist and he writes about the technical and ethical motives which restrain the therapist from giving the patient more. Although giving more to these patients is made impossible by moral and professional standards, perhaps tentative parallels can be drawn between these adult patients and LAC, in that they seem to want so much more from their therapists. Surely Freud would also see this as a dilemma which requires the therapist to carry out the treatment in abstinence (all be it of a different kind) in order to prevent what he would see as acting out. He writes that although the therapist should not steer away from transference-love, he must maintain boundaries and withhold any response to it.

Baker (2000) writes that gratification had always been regarded as unacceptable in psychoanalysis, but that recent doubts about neutrality and abstinence, have actually led to certain enactments being regarded as essential to the process. He however feels that any type of acting out means the therapist has failed the patient. His writing is again interesting as he believes that countertransference should be monitored and enactments should be minimized. He writes about the thin line between countertransference and enactment and how rigorous monitoring of countertransference can help protect boundaries. He describes how it is the therapist's neutrality which enables the therapist to be used as a transference object. However countertransference responses (such as those experienced by these participants who felt pulled to do more for LAC) can interfere with their role as a transference object. Baker highlights those writers who feel that a different transference will arise as a reaction to the therapist's countertransference or affective responses. In these cases the therapist may step out of his role as an observer and become an actualized transference object. The powerful feelings and actions of these participants would therefore be thought of by Baker as interfering with their neutrality and therefore their availability as transference object. Baker suggests finding a Neutral Position which is a place free from enactments.

Lanyado (2004) writes generally about particular patients who touch us more deeply and the need to think about whether these over-involved emotional responses are

unhelpful or unprofessional. Therapists must be ready to think hard about their responses and to reflect on what could be learnt about the countertransference when they feel it is related to the patient rather than to their own conflict.

Early literature and practice was clear about not offering food or gratification. Back in 1970 Rosenbluth writes generally about work with children. She writes

> *'we avoid giving any gratification, presents or food, birthday or Christmas cards, as all this could force a 'good' therapist on to the child when we want him to be able to transfer his pictures of good and bad internal parents onto us'. (pg79)*

More importantly, in relation to work with LAC Boston and Szur (1983) write of a LAC who values possessions over people;

> *'A second form of the attempt to substitute thing for person was in his preoccupation with material goods, things that could be got, possessed, devoured, had. What could be gained from just being with someone, he seemed to suggest, was a despicable nothing compared with the booty that could be seized' (pg65).*

In fact they are very clear in their book about work with LAC that stretching boundaries by giving gifts or food is not something which would have happened in their early work with LAC. When addressing technique they write that

> *'The therapist maintains a neutral, non-directive attitude, within the confines of the time and space allocated, and does not offer reassurances in the form of food or gifts' (pg6).*

They give another example of a child who says that when she tells people she has no mummy, they feel sorry for her and give her presents. Boston and Szur feel that people who divert the child with actual presents are depriving the child of '*a person who can bear to allow the child to feel her own feelings' (pg126).*

More recently Hunter (2001) believes that psychotherapy could certainly be made viable for LAC, but she writes that

> '*Psychoanalytic work with deeply mistrustful, traumatised children requires modification of therapeutic practice. The process has to be adapted to reach these otherwise unreachable children'* (pg1).

She went as far as stating that '*the rules of classical technique sometimes need breaking for fostered children*' (pg 8). Would the giving of gifts therefore be seen as adaptation of technique rather than acting out due to a difficult countertransference? Edwards (2000, pg362) also writes about an individual case which required something more active;

> '*there was no question of my remaining on my chair holding Gary with interpretations alone; it was imperative that I follow him physically and link my interpretations to active physical contact at times of danger'*

In her work with a seven year old girl in care Newbolt (1971) feels the child needs some ego support and she tells the child some facts from her past history. This is unusual and is usually a task done by the social worker. She however feels that these reality based conversations did not interfere with the emergence of fantasy material. Interestingly she also promises to send the child a birthday card after the therapy ended and she gives the child a doll at the end of therapy. Lanyado (2008) also describes her work with a child who was in care and was later adopted. She decides after much thought to give the girl a drink each session. Firstly she felt that her interpretations about being a cruel depriving mother were pointless as the child ran out of the room or shouted over them. She also came to think of the drink as a transitional object which helped the child cope with her anxiety. Lanyado however stresses that this technical adaptation was unique to this patient and not something she has done with other patients. Slade (1997) writes that with children who struggle to make believe, language rarely helps to delay their need for gratification. Perhaps these sort of thoughts help explain why participants sought other ways to manage LAC's needs.

However these kinds of changes in technique such as giving concrete information or gifts to LAC are something which other previous writers have decided against. Henry (1974, pg100) writes at length about the complex issue of whether to do more for her patient. She concludes that it is more helpful to set clear limits about what the child can expect, rather than leading him to hope that the therapist could make up for everything which has been missed in the past.

> *'the crucial problem, if a change of technique is introduced at a given stage during treatment, is the need to set the limit again at some point, and to choose at which point to do so. It would have been very difficult to set a limit which made sense to him as to how far I could go and what I could actually do for him, if I had overstepped my role to the least degree. If I was taking care of his future placements, he might well have wondered why I did not offer him a home myself. Because of the extent of his deprivation and his craving for the 'full time mother' that he could never have in external reality, I believed I could better help him by setting clear limits on what he could expect. If any change were possible,, he could start again hoping that I might, at some stage, make up for all he had missed; in fact I could only help him lessen the extent of the deprivation which derived from internal source*s.'

Hunter shows flexible views in respect of whether it is helpful or unhelpful to give food or gifts to LAC. In her earlier book from 2001 she writes about a child who rejects her box because she thinks there used to be chocolates in the box. She is disappointed in the therapist and the gift and Hunter feels

> *'it was a countertransference feeling that was aroused in me when I wished to improve my offering'* (pg11).

However in this instance Hunter feels it was crucial to understand her own feelings rather than respond to them with guilty placatory gifts. In more recent work Hunter-Smallbone (2009, pg10) writes

> '*I have treated other children who suffered an infancy of starvation and life-threatening neglect. In my experience, they continue to be plagued with sensations of hunger, felt somatically, not psychologically'*.

She writes about a little girl who feels that the therapist has food hidden away and is starving her. In this instance Hunter feels there is little point in interpreting these fits of hunger with complex interpretations. Instead she arranges for the carer to give the child a tea time snack before or after therapy while continuing to talk about hunger with the child. Although this is an example of actively doing something to ensure that the child is literally fed, this example does not stretch the boundaries as far as most participants did by providing the food themselves. She reiterates that it is the relationship between the child and therapist which is the key offering and not food, parenting or practical care. Anna Freud however reportedly spoke about the problem of working with deprived and hungry children and how one should see to it that the child is fed (Sandler, 1985).

It is a valuable discovery to know that participants are thinking in great depth about their feelings and responses to the deprivation faced by LAC. This research reveals the extent to which practice and technique have moved on since the earlier work of Boston and Szur (1983) who did not advocate offering reassurance, food or gifts. Although there are vastly contrasting views in the literature about the wisdom of stretching boundaries, the collective experiences of the participants in this study revealed that boundaries are indeed being stretched. This material therefore reaches very important areas which have not been explored before. Where previous literature has thought in depth about the feelings psychotherapists have when faced with the deprivation of these children, this research tells us how they respond and what they do about these feelings. Although participants were aware of the risks of acting out in the countertransference, all except one, felt that with LAC there were times when stretching boundaries and giving more (sometimes in a concrete form) could be facilitative and necessary for engagement. However their uncertainty about their responses to these children also reveals a great deal. Their responses and changes in technique need to be openly acknowledged rather than something which they feel ashamed or guilty about. Participants seem to again be refuting the purest form of psychotherapy when working with LAC. Perhaps as this has not yet been theorised for work with this group of LAC,

they have been left feeling unsure and sometimes guilty about the techniques they are using.

d) Analytic neutrality

In addition to participants wrestling with the dilemma of wanting to give more to LAC, many participants thought about a related issue when they openly spoke about their tendency to be less neutral with LAC. They said they were more flexible, creative, active and warm. There were further examples of the way they felt they changed their way of being and their analytic stance. Essentially they seemed to be questioning analytic neutrality. They suggested that being less neutral was often important in ensuring that they were not simply being the emotionally absent parent. They felt this was essential in order to engage these children. One said;

> "*I find that I'm far more creative or umm I initiate things a lot more than I would perhaps do with less damaged children. So I wouldn't leave silences in the way that I might do with a non LAC …I'd be far more sensitive to that kind of thing and I might if they're finding it difficult to play, you know I'll initiate some play. I might come up with an idea for a game and I would have games in the room, like I've got some jigsaws and some other things there which probably when I did my training I didn't have this kind of things*" (Participant 2)

Others felt that it was hard to remain neutral saying

> "*The fight for analytic neutrality is quite a, a difficult task really. What does it mean? I've had to think a lot about that. What is analytic neutrality? What does it mean in terms of the person you've got in front of you?"*(Participant 6)

And

> *"It's quite hard to hold a kind of neutral positive or a positive, you know, neutral positive regard*" (Participant 7)

Some felt that the concept of analytic neutrality was applicable to neurotic children but that LAC were different. One said that LAC are often not at a developmental level where they can tolerate or make sense of neutrality. Another wrote in their follow up response "*I'm not sure what analytic neutrality means any more in respect to these children!*"(Participant 1) Other thoughts were;

> "*generally a bit with some Looked After Children that I found at times I've developed a style of being more lively and enthusiastic um because the normal stuff doesn't seem to reach them quite often whereas with him if I can be quite sort of enthusiastic and well energetic not necessarily in body but you know in your voice and um a bit like you might with a baby or a toddler. So big expressions and bigger greetings and um bigger sort of response to what he does and bit larger than life*" (Participant 5)

and

> "*So I've said you've got to have it warmer. Um, but I still think its easier to make a mistake of kindness and to recover from it than to make errors of judgement the opposite way, which might not be recoverable from, so they perceive you as uncaring and aloof and blaming*" (Participant 6)

This theme of being warmer and less neutral was discussed further below;

> "*I think the other thing I tend to think of with children looked after, is that I learn to be warmer than I was trained to be. I was very influenced um, I think I was that way anyway because I found it impossible not to be, um, I thought that the children came from a very one down position and, and therefore you had to be really careful about negative messages to them and I just kind of stumbled on that I think. Um, and then I was very influenced by an article…about being neutral, analytically, uh um Alvarez's article about being neutrality and that really summed up for me exactly what I felt about looked after children, that they're coming from, to you from certain direction and you must take account of the direction they're coming from, the context in which they are. So um, I thought you had to be warmer*

because they expected rejection and they saw rejection, if you were too neutral. " (Participant 6)

"*I think its possible that if you keep too much of a pure analytic distance, that you simply become an emotionally absent parent and there's no possibility of engagement in a way …you recreate something that you're then just going to be into a transference that's unbearable for them*" (Participant 3)

There has of course been a great deal written about analytic neutrality since the time of Freud, as this is a fundamental technical issue within psychoanalysis. Freud felt that the neutral position was a valuable one. He even initially regards all countertransference responses as being solely related to the therapists own conflicts and therefore having the potential to dangerously shift the therapist from their neutral position (Lanyado, 2004). Strictly speaking Freud's Classical approach '*is largely carried out under conditions of abstinence, neutrality and anonymity'* (Bush & Meehan, 2011, pg378). Neutrality is related to the therapist's clinical posture which is like that of a mirror; only reflecting what the patient brings (Baker, 2000). Freud asserts that it is the therapist's neutrality which enables the patient to become aware of their transference reactions. However Freud maintains that neutrality does not mean that the therapist has to give up their spontaneity or warmth. They should not be neutral to the extent of becoming detached.

More recently Hunter (2001, pg102) in her work with LAC writes that

'*Analytic neutrality means that we have to 'get alongside' our patients, see things from their point of, allow them to lead whilst we follow. We must be slow to judge or counsel or teach. Only then will less acceptable feelings emerge into the relationship*'

Baker (2000) writes about a general uncertainty in psychoanalytic work today, about the value of the notion of neutrality. He feels that it is inevitable that disagreements will occur over a method which believes neutrality should be total and that '*objectivity, detachment, and rationality are absolute*' (pg130). Baker continues to wonder whether dispute's over neutrality, should mean that the notion should be abandoned all together

or whether it can be remoulded. He highlights at length the debates between Classical theorists who argue for the maintenance of neutrality and Relational and Intersubjective theorists who hold more varied approaches to neutrality. Baker suggests the concept of a Neutral Position, which he believes can bridge the gap between Classical notions of neutrality and of having to drop the notion entirely. He feels that the Neutral Position is different with each patient. He gives an example of how a particular patient experiences silences. For example, the therapist feels they are maintaining a Neutral Position during a silence, while this particular patient experiences the silences as the therapist having withdrawn. Once the therapist realises they are being seen as a transference object (in this example as the absent father) it is essential to re-establish their Neutral Position.

When participants spoke about being less neutral, many directly referred to Anne Alvarez's 1985 paper '*The Problem of Neutrality: Some Reflections on the Psychoanalytic Attitude in Treatment of Borderline and Psychotic Children'*. It is interesting that so many of them use this paper as a point of reference for this discussion. Perhaps this was because the notion of neutrality has not been written about with specific reference to LAC. In this important paper, Alvarez reminds us of the historical roots of neutrality within psychoanalysis and how Freud changed his methods from hypnosis to free association, therefore moving from a more active position to relative analytic passivity. She writes that

> *'psychoanalytic work with children, especially with psychotic and borderline children, puts most fiercely to the test this notion of analytic neutrality*" (pg87).

She highlights how an analytic neutral setting may be easier to achieve than the neutral internal setting. Alvarez prefers to think of analytic neutrality as a full rather than empty concept and focuses on what the analyst should do or be, rather than what they shouldn't. She goes on to think about cases which have caused her to question the notion of neutrality. Within this she considers the withdrawn psychotic child with whom '*one may have to send urgent diplomatic missions across the frontier*' (pg89). She writes of one child who she feels she needs to be more receptive with, in the early stages of treatment. She also writes of her own and others work with very withdrawn children and how there can be an urgent need to make an effort to contact these children. She

believes that our responses may also have to be subtle and varied with severely deprived children too. Alvarez criticizes neutrality when it is equated with '*weakness, inhibition or flaccidity in the therapist*' (pg96). She shows concern that

> *'The abstinence rule advising that we not behave seductively with our patients occasionally leads people to inhibit their speaking voices and emotional responses to too great a degree*' (pg90)

She raises other points such as how our attempts to be neutral or mirror-like with some children may be understood by the child as excusing or permitting certain behaviours. Sometimes aliveness and feeling must be present in the therapist's voice for the interpretations to be taken in. Hunter (2001) has been the only writer to think about neutrality in direct relation to LAC. She also refers to Alvarez's paper and agrees that '*one may need to adjust ones 'neutrality' to adapt to particularly damaged children'* (pg7). She feels that LAC may

> *'…need a therapist to be extra communicative and receptive as the quietness of a therapy room may overwhelm the child who dreads being persecuted*'.

Once again the literature seems to vary on analytic neutrality in general. The notion of analytic neutrality has certainly been questioned since Freud's Classical theory and has been thought about in relation to withdrawn, psychotic and borderline children. However the issue of neutrality has mostly been neglected in the literature about LAC. This however featured as an important issue for these participants and they drew on the ideas of Alvarez, as these thoughts about neutrality could easily be linked LAC. This research therefore adds something new and reveals that it is not just psychotic or borderline patients which challenge the therapist's analytic neutrality with the greatest force but the LAC too. Alvarez does acknowledge that deprived children require different responses and this research tells us that with this specific cohort of LAC, therapists are often warmer, as well as more flexible, active and creative.

e) Positivity

The questioning of the analytic neutrality links in closely with another issue. Participants often believed that picking up on the positives of what the child does makes your engagement better. It is again worth saying that there were differences in the extent to which participants adapted their technique in this way. One spoke about how they were "*trying to reframe it a bit and not always look for the negative*" (Participant 5), while another said "*you have to speak up for the good as well*" (Participant 6). There were examples of how the child's behaviour could easily be interpreted as negative, but the therapist would work hard to see it in another light. One example was the child who was always in and out of the room. Rather than a possible interpretation of the child wanting to get away from something unbearable such as the therapist or a particularly difficult feeling, this could be framed as the child needing some time out and managing to regulate themselves. Similar thoughts were echoed by someone else below.

> "*Trying to kind of, the Anne Alvarez thing… I wouldn't dismantle defences very quickly. I would look for positive defences that I thought were about regulation of emotion, about distancing yourself, coping pro-social behaviour and I do quite a lot of active ego support around those sort of defences and …or often I'd go for recovering, you know, the thing that she talks about, you know, if they're in a hole, fingers on the edge of the hole. What you do is you throw the rope ladder in rather than treading on their fingers and I think that's absolutely right working with these kids. You're looking for those moments of aspiration, moments of hope and where can you put in a rope that they can grab hold of and come out of that*" (Participant 7)

Another spoke of carrying the hope and seeing the little steps that the child is making. They said they thought "*the therapist has got to have a very strong underlying kind of, positive, optimistic view to sustain them*" (Participant 1). They felt that LAC did need signposting towards positive aspects of their growth and that this was not false reassurance. They said

> *"it reflects a very early developmental process where being able to tell the difference between 'good' and 'bad' aspects of the self is aided by a form of*

parental attunement: tuning up the 'good' and toning down the 'bad'. LAC know all about the 'bad' and very little about the 'good' in them". (Participant 1)

Some participants also thought about trying to magnify the things the child did right. One spoke of actively helping the child to hold onto the therapist as someone benign as opposed to constantly interpreting the negative transference. They said they would actually "*court the positive transference at the beginning*" (Participant 3). There was certainly the idea that the way interpretations were made should be thought about;

"*The interpretations on the up, which I consider very important thing that when you phrase things for looked after children, you phrase them in a positive way and not a negative way. So that's really, so you would never say something like 'You think I don't want to see you'. You would say 'You find it hard to believe that I want to see you'.*" (Participant 6)

The following extract revealed how one psychotherapist used ideas from family therapy as well as Winnicott's idea of the Mirror role of mother.

"*I suppose that sort of came into my thinking that for a lot of these children the message they're getting, got when they were little was pretty negative, either absent parents, they were high on drugs and, or just so preoccupied with their own needs or they were um, often angry with the baby or toddler and could be rejecting and um, you know, abusive and so on. So the child was either seeing absent faces, preoccupied faces, angry faces and then when they came into care and their behaviour's so difficult, its almost like that can get repeated because people are so cross with them so much of the time and a lot of the interactions are negative interactions, so it sort of thinking about can you break that cycle a bit? And so you know, a child sort of can look into your face and see that they're, see something more positive reflected and um, you know, that's a bit more enthusiasm about the interaction and um, so I suppose in a way I started a bit of reframing some of the things. That's more family therapy really isn't it*" (Participant 5)

Working with both the negative and positive in psychoanalysis is something which is again been written about by early pioneers of psychoanalysis. Hunter (2001) highlights for us that Klein and Anna Freud diverge theoretically on how much to work with and interpret negative feelings. She reminds us that Klein believes that unconscious fears and negative feelings should be brought into the light and worked with. This enables the patient and analyst to work with and bear the negative transference. Rosenbluth (1970, pg73) writes of how Klein's technique discards '*the deliberate fostering of a positive transference which could interfere with the child's expression of his internal conflicts'.* Reassurance and explanations should not be given and Klein believes that positive feelings can only emerge once the negative feelings have been interpreted. However Anna Freud feels that the therapist should join the healthy part of the patient first before interpretive work can begin, as she believes the ego can be overwhelmed by focusing too soon on the negative feelings and fantasies.

A recent research paper focuses on techniques used in psychoanalysis with adults. Bush and Meehan (2011) think about three psychodynamic approaches; the classical approach, expressive psychotherapy and supportive psychotherapy. The latter two approaches use varied techniques from Freud's more traditional approach. For example supportive techniques aim to strengthen weak egos by supporting adaptive defences and sometimes offering guidance and reassurance. Perhaps most relevant for this research is the idea that supportive techniques intend to create a positive interpersonal relationship where the therapist is more interactive than would be traditionally advised. This approach also does not shy away from patient gratification. However there are questions about the permanency of the therapeutic benefits as there may be a lack of conflict resolution. We can imagine that Klein would have grave concerns about this kind approach. There is also controversy about whether these different approaches can be compatible.

Bush and Meehan (2011) present their quantitative findings after eighty-nine psychoanalysts completed questionnaires about their own experiences in analysis. Participants report that their analysts in fact use an amalgamation of analytic techniques with some supportive techniques and positive relational approaches. More importantly these were significantly correlated with positive outcomes. They continue

> ‘*In fact, the best self-reported outcomes were associated with analysts who maintained a positive therapeutic alliance and combined the use of supportive techniques and positive relational skills with the use of classical techniques’* (pg393)

Participants in the current study similarly felt that sometimes it was crucial to make positive interpretations and to focus on the positive in what the child does and within the therapeutic relationship. At times they gave the impression of desperately trying to break the child’s negative way of relating and perceiving the world and perhaps would be reassured to know that Bush and Meehan find that positive relational approaches are associated with better outcomes. It can be argued that facilitating positive relations and strengthening adaptive defences can be even more important with LAC who have experienced trauma and so many broken relationships, than when working with adult psychoanalysts.

Very little is written about positivity specifically in relation to work with LAC. Kenrick (2005) does mention a colleague working with a LAC and how they are so aware of the child’s vulnerability, that the ‘*therapist works for balance in her interpretation and at maintaining a positive for him* (pg31). Lanyado (2004) writes about both her negative and positive countertransference responses to a boy who is in a residential unit and has previously been in foster care. She writes that sometimes therapists need to be available for their patient to have an intensely positive experience with them. Although she also has to bear an enormous amount of negative transference, she writes about the value of the positive transference as this can be the basis of feeling loved and of healthy narcissism for a child. Strati (2007) also experienced a negative transference but viewed the development of a positive transference as a positive development. What seems to be important in this case is the integration of both these feeling states. However the participants in this study seemed to be searching for ways to pick up on and perhaps instigate some positive transference. They seemed to feel this was necessary because there could often be so very little positive feelings to begin with for LAC.

In Alvarez’s (1985) paper she thinks about the work of Rosenfeld and Sprince who worked with borderline patients. This work raises important issues about how much ego support and encouragement of the positive should be used, rather than interpretation of

the negative. Alvarez advocates actively looking for the beginnings of hope. Alvarez also directly refers to Boston and Szur's work with deprived children in care, perhaps helping us to understand why participants seemed to be so heavily influenced by Alvarez's ideas when thinking about LAC. She thinks about how working with borderline patients can be similar to Boston and Szur's work, in that the choice of words can be crucial because some children can only hear a single word of an interpretation. The words and the form of the interpretation are therefore as important as the content. Her example of how to prevent children from feeling overwhelmed by their feelings is to say to the child that they are worried about the goodbye before the weekend because they find it hard to believe Monday will come. She recommended 'turning the idea around' (Alvarez, 1992) to make it more thinkable. This is less frightening than an interpretation focusing on the child's fear that they will both die when they are apart over the weekend. Another interesting example is the patient who comes in the same dress as the therapist. The focus can be on the child's competitiveness or their denial of the therapist as someone with different mental qualities. However Alvarez shows another way of approaching this material, when she focuses instead on the child's desire to be like the therapist and to internalise something good. This type of positive framing and interpreting seems to have been technically very useful for participants in this study.

Alvarez (1985) believes that with borderline children we may need to facilitate the defences which we would be trying to undo in a neurotic child. Unlike a neurotic child who might need revival of their unconscious negative feelings, many LAC know all too well about negative feelings and experiences. Alvarez (1992) writes of borderline children, that positive states of mind should not only be seen as defences and that the child cannot hope to tolerate the bad without '*adequate development of, and belief in, the good'* (pg 117). These participants felt that these LAC needed to discover some positives or as Alvarez (1992) says: introject Klein's good breast, Bion's adequate container or Bowlby's secure base. Pine (1985) also thought about how to make it more likely that interpretations can be received. He suggested presenting the interpretation with functions relevant to good object relations, benign aspects of super-ego and support for flexible defences.

Hunter (2001) writes about how psychotherapists allow both negative and positive transferences and she feels that the child should not be jollied out of their hostility. All feelings should be allowed and interpreted and part of the psychoanalytic work should be to bear the negative and work through difficult experiences. However she also acknowledges that children who have had so many negative experiences, tend to '*pick up and magnify the negative in what is said to them'* (pg173). She says that disordered children will approach therapy in a negative way and therefore feels that using Alvarez's positive interpretations rather than ones with a negative ending can be very useful. Hunter feels that the difference between the impact of these sentences can be enormous.

Participants certainly felt the need to draw out something positive in and from LAC. This may be an issue which needs careful thought, to ensure that the very painful, negative aspects of this work are not too unbearable and therefore not something which psychotherapists shy away from. However the fact that participants were frequently adapting their technique in this way is new and valuable information about work with LAC. Alvarez has thought about the way interpretations can be reframed with a positive stance with borderline children and even made the link with this type of technique for children in care. This research confirms that this is the type of approach frequently being used with LAC and once again challenges the more traditional psychoanalytic approach with this cohort.

Conclusions: strengths and limitations

LAC make up an increasing proportion of child psychotherapist's case loads and this research therefore aimed to find out more about the experiences that psychotherapists have with this cohort. Considering these children were once thought unsuitable for psychotherapeutic work, it is vital that we understand the technical challenges and considerations which arise with LAC today. As is common in the psychoanalytic field, much of our understanding is based on individual case studies. Consequently this research used Grounded Theory in order to systematically explore common themes which arose for psychotherapists, in order to bring together their valuable clinical experiences and guide future work.

If the existing literature in this area is combined with the higher conceptual categories which emerged in this study after Grounded Theory had been used, it allows for a theory to develop in relation to work with LAC. This research enables us to theorise that psychotherapy is indeed a viable option for LAC, however because of the complex nature of the difficulties experienced by these children it is important to adapt technique and to take into consideration certain issues which arise for psychotherapists both in their external work with the network and internal work individually with the children. There are numerous reasons why although psychotherapy is a treatment option for LAC, there are important technical considerations. These children present a complex diagnostic picture due to the fact that they may have experienced trauma and numerous broken attachments. These are the children who may have had their developmental processes interrupted or delayed, may be lacking in ego development and who struggle in their thinking and with symbol formation and who are likely to have internalised absent, neglectful, depriving or abusive objects. This research enables a current day theory about the reasons why these adaptations need to be considered with LAC and the ways in which these technical adaptations are being made. The psychopathology and developmental delay of LAC is likely to have similarities with traumatised, autistic or borderline children and it is therefore not surprising that there are some similarities in the types of technical adaptations which are being made. A closer look at the findings, demonstrates how some of the conceptual categories in this research confirm ideas which have previously been recognised in individual case studies of LAC and how some of the material brings new knowledge to this area of work. The areas which are distinct from previous ideas are particularly useful for thinking about future work.

The external issues involved working with the network and could be further broken down into three areas. Firstly the research revealed that psychotherapists thought a great deal about the complex problems and challenges of working with the network and secondly they focused on the value of working with the network. This external work is a huge feature of working with this cohort. Although these ideas may also be useful for thinking about working with networks around children with disabilities or other cases where many professionals are involved, it is important to remember that networks around LAC maybe unique in their make-up as it is the local authority who holds the position of 'parent'. These ideas about work with the network have already been recognised in the literature about LAC and have frequently been described in relation to individual case studies. This research wholly supports previous understanding about the problems which can arise in networks and how valuable it is for psychotherapists to work with the network surrounding LAC. What this research does bring together is the experiences of a number of experienced psychotherapists and provides a comprehensive overview of the task of working with networks. It may also be important to think about ways to support psychotherapists in their tasks of working with networks and whether future training in this area might be valuable. The Anna Freud Centre currently offers Adolescent Metallization-based Integrative Treatment (AMBIT) which trains a network of fieldworkers to support hard to reach adolescents. Perhaps further training for working with LAC networks may be beneficial for both the psychotherapy profession as well as other disciplines.

Thirdly the impact of working with the network on the relationship with the child in individual sessions also arose as an important issue. It is an area which has not been emphasized or explored in detail before. This particular material therefore reaches new places where other material has not gone before. This area of the research opens up a new and important space for thinking about the extent to which this external work with the network can intrude upon, add value to and change the dynamic in the room with the child. These ideas again of course may apply to any psychotherapeutic work where a large network is involved. It is something which is important for psychotherapists to consider carefully, when taking on the inevitable challenge of working both individually with the child and with the network.

The internal issues when working with LAC were divided into five categories, although these ideas overlapped in many respects. These areas were about interpretations, transference, countertransference responses to deprivation, analytic neutrality and positivity. Firstly participants did not feel that making interpretations was the crux of work with LAC and that any interpretations which were made needed to be paced slowly. Although this painted a consistent picture with many individual case studies of work with LAC, this research has brought together the practices of experienced clinicians and provides a good basis for understanding how interpretations need to be made carefully and slowly. The material in this research also highlights that traditional psychoanalytic ideas of working with the transference and maternal transference, raise many technical issues when working with LAC. This research reveals that this is a widespread consideration when working with this cohort and this has not been extensively dealt with in previous literature. This material has important implications for practice as psychotherapists should feel confident to use other approaches aside from working with the transference and maternal transference. Again this research challenges the use of traditional psychoanalytic techniques when working with this cohort and helps us to re-think what psychotherapy is for this group of children. Psychotherapists should not be left wondering what it is that they are doing with LAC, but feel confident that it is not always traditional work with interpretations and the transference which is helpful.

The most striking finding of this research came under the category of participant's countertransference responses to the deprivation faced by LAC. The feelings aroused by the awful experiences that these children have been through is nothing new and has been extensively dealt with in previous literature. However what is new and unique is the discovery of how psychotherapists are currently responding to the feelings that these children arouse. When working with LAC there was a reoccurring theme of working differently in the sense of stretching ones boundaries and at times giving more to these children, perhaps in the form of space or even concrete gifts such as cards or food. This material therefore reaches very important areas which have not been explored before. Although participants were aware of the risks of acting out in the countertransference, all except one felt that with LAC there were times when stretching boundaries and giving more could be facilitative and necessary for engagement. Participant 2 felt that working differently with LAC was the right thing to do when they said

> *"It feels pretty cruel really to go down the more traditional route of psychotherapy with these children… Take your time and find different ways of doing things"*

Participant 1 also spoke about how adapting techniques could reap rewards, when they said that working differently could "*meet a certain need or enable the therapy to open up a bit more".*

However their uncertainty about their responses to these children was also striking and reveals a great deal. Participant 5 revealed that there was not only uncertainty involved but also a sense of guilt and shame, as illustrated below when they spoke about giving food and drink in sessions and said

> *"I still don't always tell everybody I do it…I think sometimes it's hard. I just don't know. I still don't quite know whether I should be doing it with all the children. I do it, but um…and I talk about it in supervision, but um, I don't know really"*

Their responses and changes in technique need to be openly acknowledged rather than something which they feel ashamed or guilty about. It is interesting that they were willing to confess to these types of interventions during the interviews despite their uncertainty about whether it was always the right approach. This shows the need for a context to share these types of responses and interventions, where psychotherapists need not feel guilty about what they may fear are shameful departures from more dominant ways of working. Again participants seem to be refuting the purest form of psychotherapy when working with LAC. Perhaps as this has not yet been theorised for work with this group of LAC, they have been left feeling unsure and sometimes guilty about the techniques they are using.

The notion of analytic neutrality also featured as an important issue when working with LAC. Participants described how they were warmer, more flexible, creative and active with LAC. Although neutrality has been thought about before in relation to other types of patients, such as borderline or psychotic children, this research adds something new

by suggesting that it is also LAC who strongly challenge the therapist's notion of analytic neutrality. This idea is closely linked with how participants sometimes stretched their boundaries and did things differently with this cohort, as using the space differently or giving concrete gifts to these children goes against the notion of analytic neutrality. Finally participants certainly felt the need to draw out something positive in and from LAC. The fact that participants were frequently adapting their technique in this way is new and valuable information about work with LAC. Alvarez has thought about the way interpretations can be reframed with a positive stance with borderline children and even made the link with this type of technique for children in care. This research confirms and expands the idea that this is the type of approach frequently being used with LAC and once again challenges the more traditional psychoanalytic approach with this cohort.

The research revealed that it was possible to find common and important issues which repeatedly featured strongly in the psychotherapeutic work done with LAC. There were moments during the interviews when this needed to be held onto as of course there are many aspects of work with LAC which have similarities to work done with other children. There were aspects of this research such as the external work with the network which has confirmed the existing ideas in the field. However even where these ideas have been previously written about, this research has added a different dimension because by using Grounded Theory it has enabled a more collective, comprehensive understanding of practice and technique with LAC. As Anderson (2006) reminds us; Grounded Theory does not aim to find the final words on a subject but has certainly enabled for a fuller understanding of psychotherapeutic work with LAC.

It is important to reflect on the process of sampling because recruiting participants in other ways than through the NHS may have had certain implications for the findings. This sampling process could mean that the findings are less relevant to those working in the NHS. Equally the setting may have had an effect on their technique and their ability to stretch their boundaries. However just because participants were not recruited through the NHS did not mean that they did not have NHS experience. For example participants, who were retired, worked in a residential school or in a fostering agency also had previous or other experience of working in the NHS. With regards to stretching boundaries by giving the child more space, it may be easier to allow a child to have

more space if ones clinical practice is located privately or in one's home but it does not mean that this cannot also be negotiated within a residential or NHS setting. Therefore although it is important to be cautious about the findings, they may prove to be relevant to technique with this cohort both in and out of an NHS setting.

The rational for selecting participants could have perhaps been thought through in further depth. In some respects it was based on word of mouth as to which participants might be beneficial to interview. As some of the participants were known experts in this field or had written about LAC, they were the people I was keen to interview. However this meant that in some areas the research was circular as their comments tied in with what they had written. However other participants expanded on these previously written about ideas, adding greater validity to the findings. The very fact that the research generated some new knowledge is evidence that the process was by no means an entirely circular one. Although these findings cannot claim to be more reliable than individual case studies, the use of Grounded theory adds some validity as it enabled experiences to be brought together. The one to one interview relationship may also have been more generative and enabled insights into new areas. For example it allowed for what were spoken about as confessions about giving cards and food to LAC which were unlikely to have been written about in individual case studies or have not been before.

Overall this material has important implications for practice. It has enabled a theory to develop about how psychotherapy is possible for LAC who come with very particular emotional and developmental experiences. This theory takes into account the nature of these children's suffering and therefore suggests that psychotherapists should feel confident to use other methods aside from the classical techniques. In response to the old question of whether these children can be treated with individual psychotherapy, six out of seven participants felt that they certainly could be, but this research helps us to re-think what psychotherapy is for this group of children. As Participant 5 helpfully summarised, there "*needs to be flexibility and thoughtfulness about why one does do things differently at times*". Being flexible and feeling that it can be necessary to move away from traditional approaches was interestingly something which was suggested by participants despite their different theoretical orientations and trainings. All psychotherapists, despite their training are having to account for the complex and devastating experiences which these children have encountered.

This research encourages psychotherapists to feel that it is their psychoanalytic understanding, rather than simply classical transference interpretations in their purest form or strict analytic neutrality, which can help reach these children. Participants gave a sense of acting intuitively with these children and of needing to acknowledge their real worlds and situations as well as their internal ones. Open discussion about psychotherapist's responses to LAC and their changes in technique is needed to ensure that psychotherapists are not left feeling guilty or too uncertain about their responses to these children. This study however does not inform us as to whether these changes in technique actually lead to better outcomes for LAC. Further outcome research focusing on psychotherapy with LAC may be important to establish if these types of technical adaptations do lead to positive outcomes. In the future it may be necessary to challenge whether the theory which has developed about this type of work is actually beneficial for these children.

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This research will be useful as a further resource for psychotherapists who are working with LAC. The ideas which have been generated have been used to produce a usable theory about the nature of the external and internal work with LAC and the reasons why these changes have been made. By using Grounded Theory it has been possible to theorise, recognise and offer these research findings as a usable and creative source to draw upon when working with this cohort. As with all psychoanalytic ideas, these findings are not intended to be used prescriptively as all children and psychotherapists are unique, but this theory can be used flexibly in the future.

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Appendices 1
Information given to Participants

Title of Study: Psychotherapy with Looked After Children
Name of researcher: Lucy Robson

The study is being done as part of my Child and Adolescent Psychotherapy Doctorate Programme in the School of Psychosocial Studies, Birkbeck University of London. The study has received ethical approval.

This study aims to explore features of psychotherapy with Looked After Children. From what I have read and experienced so far there seem to be some common themes which arise in this work and I would like to find out about your experiences. For example what do you think are the particular issues when working with Looked After Children? Do you feel there are specific challenges when developing therapeutic relationships? I wonder if there are common issues, themes or feelings which arise for you in this work? I am also interested in whether you have encountered problems of technique. I would like to explore psychotherapists understanding of the transference and countertransference experiences with this specific group of children.

I understand that there has already been some research and writing about psychotherapy with Looked After Children, however I would like to use Grounded Theory as a way of systematically exploring the themes which arise in this work. This kind of approach would enable the experiences of psychotherapists to be brought together rather than relying on individual case studies. I believe that this would be useful for the field of child psychotherapy as these children are making up an ever increasing proportion of our caseloads.

If you agree to participate we will agree a convenient time and place for me to interview you for about an hour. You are free to stop the interview and withdraw at any time. The interviews will be recorded on a digital recorder and then transcribed. Confidentiality will be maintained as all identifying information will be changed and pseudonyms will given. The recordings will be deleted once they have been transcribed. The analysis of our interview will be written up in a report for my doctorate. You will not be identifiable in the write up or any publication which might ensue.

The study is supervised by Amber Jacobs who may be contacted at the School of Psychosocial Studies, BIRKBECK University of London, Malet Street, London, WC1E 7HX. 0207 631 6207

I would be very grateful for your participation in this research.

Appendices 2
Consent Form

Title of Study: Psychotherapy with Looked After Children
Name of researcher: Lucy Robson

I have been informed about the nature of this study and willingly consent to take part in it.

I understand that the content of the interview will be kept confidential.

I understand that I may withdraw from the study at any time.

I am over 16 years of age.

Name……..

Signed.....

Date.....

Appendices 3
Original Interview questions for a semi-structured interview

Have you found that there are particular issues when working with Looked After Children?

Have you encountered any common issues, themes or feelings when working with these children?

What have you found important or striking when doing psychotherapy with Looked After Children?

What has it been like trying to establish therapeutic relationships with Looked After Children?

Are there issues related to technique? Would you use interpretations in the same way?

Have you found it has been possible to think and link ideas in this work?

What are your aims in this work and are these different from other work?

What have your countertransference responses been like?

Appendices 4
Further quotes
I have selected some quotes which were not included in the main body of work and offer further illustrations of the conceptual categories.

1a) Problems in the network

> *"If the professionals in the network are unable to communicate with each other and address conflicts and disagreements about the child and foster/birth families, this can be a major obstacle in the therapy as it will be difficult for the anxieties expressed by the child and family to be thoughtfully contained. Acting out within the network becomes more likely. The raw nature of the emotions and projections expressed by the child and family is less likely to be understood and processed"* (Participant 1)

> *"The foster child goes back and either slags off the therapist because she feels so guilty that she's enjoying the therapist more than foster mother, or else acts out in a way that the foster mother doesn't know how to cope with. It's completely mad. It's not the way to do it. Or the foster child will act out in the therapy in a way that the therapist can't cope with once a week. Or the foster mother will withdraw her because it's too long a journey which is code for 'I feel so left out because I'm not getting any help'" (*Participant 4)

> *"The disasters that happen because people are ignoring the network. It happens all the time and then people say oh what a shame we were really getting somewhere but then the child was taken out of therapy"* (Participant 4)

1b) Value of working with the network.

> *"I think communication with networks, both internal like here and wider networks and foster carers is absolutely crucial and finding ways of communicating what goes on in the therapy room in ways that doesn't totally break confidentiality"* (Participant 3)

> *"I think that you can more vigorously use psychoanalytic thinking with the network than you can with the child because what these children do is they use everybody in the network like figure in a sand tray… You'll see people taking roles and you can actually do that sort of work with a sympathetic and sensitive network in a way that you can't do it with the child. Cos they can think about it and you can interpret to them" (Participant 4)*

1c) Impact on the therapeutic relationship with the child.

> "*that keeps intruding in and it, it intrudes to you…you're forever trying to balance yourself again in order to clear a bit of space to do some therapeutic work*" (Participant 6)

"*I think you just have to be more available because there are going to be more crises for a start"* (Participant 1)

"*one keeps the frame and works within the frame really but then it, you know, what sort of adaptations of the frame does one have with looked after children so I suppose looked after children are much more readily prepared to engage with the network… I'm negotiating the boundaries and discussing that boundary and my engagement with the network much more with looked after children than I might do in other therapies because I think with looked after children unless one gets hold of a network adequately uh, actually you might not help the young, the child. So and then the meaning of that for the child, you know, I would spend a lot of time on that in the therapy in the room with the child and I'd be more transparent talking about our relationship with the network. So there's probably more of an intrusion of the external world if you like*" (Participant 7)

"when the professionals in the network are able to work more closely together when there is a crisis, and resolve their professional difficulties, there can often be a corresponding shift in the family dynamics and the internal world of the child - as seen in the therapeutic relationship. It is as if the work in the network frees up the facilitating environment that the child is trying to grow within and this enables the child to make better use of the transference relationship" (Participant 1)

2a) Pacing and making interpretations

"I think it's a long time before interpretations, actually, are the thing. I really think it is you know, I mean it varies a lot. It might occasionally help, its not to say that you know, at the same time, your psychoanalytic knowledge and experience and your own analysis will be enormously important in helping holding the child. Cos I know often people think I'm not doing anything that resembles giving interpretations… our interpretations then are, are… feel positively painful to them and actually it can be, I think it can be a mistake to be interpreting when you should actually be keeping quiet" (Participant 1)

"*these kids are very emotionally fragile. Uh, so am I more careful than with other children? Probably not but maybe in a different way and I think quite often um, these kids are very, very, very easily and quickly triggered into post traumatic states. Um, so you have to be really, really careful about that, what might be the triggers for that, uh, but then that's not particular to looked after children but that's a particular um consternation they bring with them is trauma within attachment relationships so we'd want to tiptoe up to it, you know. But then you do, some, some of the young patients might be more robust really*" (Participant 7)

"For many LAC children, intimacy is terrifying, so direct transference interpretation is experienced in a very paranoid way - leading to fight/flight responses such as running from the room, attacking the therapist verbally

or physically, covering the ears with the hands, talking/shouting over the therapist's words. It may be several years before a child can bear to hear and listen to the therapist's words" (Participant 1)

2b) Interpreting transference and maternal transference

"I'd probably make it (interpretation) not… relating to me but in displacement, or related to the play……. With some Looked After Children I might never take things up in the transference in relation to me. I might keep it slightly at a distance but I think as well it depends on each child's experience" (Participant 2)

"*With the transference interpretations you can't kind of jump into them. You might have to hold on for a very long time before they're acceptable to you or your patient. I'm talking about I suppose sometimes partly they were sometimes not acceptable to me*" (Participant 6)

"I suppose a lot of it's about containment. His first games were hide and seek, so its almost like sometimes you're doing pre-therapy stuff"(Participant 5)

"*I suppose that's is quite unusual to say things like that um. Um I suppose it does feel quite, probably would feel quite um, tantalising to say something like that. And whether children could um, um as if you're not sure how children will receive it and whether it would feel like you're offering something. Rather than you know it perhaps being a wish*" (Participant 5)

2c) Countertransference responses to deprivation

"*With a lot of children in care, you feel like a dentist or something. You feel like you're doing something that's good for them, that's quite painful and that um, you know, you're in opposition a lot of the time*" (Participant 6)

"*There's a little girl I used to see who used to make me feel like, I don't know, I was experimenting with her or something. I used to think how can she think, you know, the, the countertransference was so horrible really. I mean, you know, as if she thought I was somebody who would pull the legs off spiders and watch them… its not nice*" (Participant 6)

"*both of them, their placements got shaky and I think um, that feeling can get right inside you. Um because you get in touch within the room some of those feelings about them desperately searching. The little girl desperately hungry and um, certainly that got right inside me, because I had two of them with things going wrong at the same time and that was very painful*" (Participant 5)

"Because I think I was really confronted by those issues from the off. I mean the, my first little girl that I saw as an intensive case um, said, took my hand from the first time, took, I thought oh you're not supposed to do this. The supervisor will kill me, but I couldn't not hold her hand as we went into the

room so we did hold hands as we went into the room but then as I sat down she was going to climb onto my lap so you very quickly, you know, practically the first thing I had to do with her was hold her at a distance" (Participant 6)

"*I advocated right up to director level of social services about this, you know citing outcomes, educational outcomes of looked after children and so really stepping out of the frame and to be honest I didn't tell him about that but I always, you know, I was fierce, absolutely fierce about that*" (Participant 7)

"*but these children, I suspect you could probably do a statistical analysis…which children in therapists case loads its very hard, to get in the room, to get them to stay in the room, um for the whole session and to leave at the end. It would probably be these children*" (Participant 1)

"*The other thing is about boundaries. With the kinds of kids we have here, if they are in and out of the therapy room, I'm happy to be talking to them out in the corridor. I'm happy, I'm umm I sort of see wherever they are in the, if it's within the hour of their therapy, they're still in therapy"* (Participant 3)

"*I suppose the framework is helpful because if you divert from it then you're thinking why, uh because think the other thing that's very common for these kids is acting out and when the frame is being pushed or you know being pushed or attacked all the time, really um, and one has to , you know, you act at your peril really. Um you have to think about it very carefully uh, what happen, what might happen … Yes I suppose the frame in that sense, yes or in the corridor or um, yeah. I had people in here the other day who couldn't come in and I had a session in the waiting room really, the whole session. He was in a terrible state*" (Participant 7)

"*I sometimes give leaving presents at the end of therapy. Not with everyone and not, not, you know, I think about it very, very carefully… its very distressing, I think it can be yeah. And I suppose yes, when you say about cards and letters, I suppose any missed session with looked after children, I take it extremely seriously and I will write to them every missed session and I will have birthday cards for them. I wouldn't give them probably birthday presents uh, but a birthday card and it think there's something, yes and that is, so that's bending the frame*" (Participant 7)

"*and same with birthdays and Christmas and um, so with birthdays um, I think I always give a child a card, but what I tend to do rather than um, I don't generally give a present, but I would probably um, just do a little plate of something, so a little, get them a little cake and a few crisps or something*" (Participant 5)

"*Often have this real sense of physical hunger as well as the emotional hunger. And sometimes they have actually been physically half starved. So um I think sometimes it's hard. I just don't know. I still don't quite know*

whether I should be doing it with all the children. I do it, but um…and I talk about it in supervision, but um, I don't know really" (Participant 5)

"*I suppose that is probably another difference between children in care. They do tend to be very materialistic. They've learned that materials don't let you down as much as life and affection and attachment…so yes some of that, but, and sending them cards once in a while. I have done. I would never do it to a child that was not in uh, and I don't know, I mean some of the things, I don't know when lowering of the boundary is helpful or not and I'd be open to ideas really. Some I think you can't tell and you just take a chance and hope*" (Participant 6)

"You often don't know until you try out these technical 'departures' from the norm. Wherever possible, it is of course best to give any change to boundary type issues careful thought - for eg. before deciding to give a drink, or allow toys to come and go from the room. Often though, particularly when a new 'therapeutic' transitional object or experience happens in a session, an intuitive response is called for from the therapist, which is usually much more well informed, unconsciously within the therapist, than we realise" (Participant 1)

"*I think everything depends on the meaning of things really. That we give ourselves rules but it all depends on what the real meaning is and that we can be wrong. We can fool ourselves. Um, so you could be benign and give your child a biscuit because you really can't bear to be the depriving parent or mother or whatever, you know the, the rejecting breast or whatever language you want to put it in and if that's the case then you've just got to stand up to yourself and say just don't be such a, you know, stop being uh, wanting the other person to like you too much… I've never given children biscuits or things but I was in a setting ….where um children came in for therapy and they sat out in the hall and the kitchen, there were people in and out of the kitchen the children could see and they, they were used to coming to this centre and they would run in the kitchen, they'd say can I have a biscuit before I go up and I'd just think well it's a part of the setting really and there is nothing I can do to control that so I wasn't strict about that*" (Participant 6)

"*Bion talks about therapy being in a um, takes place in a context of deprivation and its true and I think that you wrestle a lot with yourself about what your role is. Is it sadistic to, you know, try and sensitise children who've built up big tough walls around them in order to survive? What um and what you feel about it yourself, you know, the over compensation, the wanting to give them um, what they can't have from you. It was terribly painful for me"(Participant 6)*

"*because we started to touch on that today I think a bit about um, you know, what makes people do more and more. And somebody pointed out about um, you know being a bit, maybe a bit omnipotent to think that we, you know, the team don't have needs too, because talking about trying to create a space for the team to think about the impact of the work and um, and um, by*

sort of not resisting that creating that space its a bit like saying, you know, we're superhuman, we don't have needs, we can manage all this, we can rescue all these children and then the next bit is really sort of what makes us all do this sort of work and um, and that the, the team I've just been involved with and I don't know if its so with other LAC teams, it's a very intense team. And people are extremely hard working and absolutely ardent about what they do" (Participant 5)

2d) Analytic neutrality

"*I think a bit more creative and not so straight jacketed really I think and a bit more flexible*" (participant 2)

"*when I say giving a bit more, I'm not talking about telling, you know about personal disclosures, but being there with them, you know, being down on the floor with them and those kinds of things"* (Participant 3)

"I'm not sure I know what analytic neutrality means any more in respect to these children! It feels more helpful to think in terms of analytic compassion for the suffering child and families - past and present. Plus an ability to put oneself into the shoes of all players in the child's inner world. You have to allow yourself to be deeply moved by their plight and then try your hardest to process these feelings without adding your own from your personal past and present. Opinions about what should or shouldn't have happened don't help and create a bias. Therapist's anger and outrage about what happened to a child are very difficult to cope with, and will inform the therapeutic relationship, but belong to the therapist. Getting as close to the experiences that the child is trying to communicate about, and receiving them as openly as possible, is very challenging to the therapist particularly when the child is aggressive or abusive towards the therapist" (Participant 1)

2e) Positivity

"But I think that what is very important technically is that the therapist carries hope. That the therapist actually is able to see little steps that the child is making, that are ordinary and normal. Even if it takes a very long time. Very long time for that to happen. But at least now we know that it is possible for these children to change. But I think um I think 'the therapist has got to have a very strong underlying kind of, positive, optimistic view to sustain them." (Participant 1)

"I think it is very important to note and 'signpost' positive/helpful aspects of the child's internal world. These children badly need help in identifying what is helpful to them in their personal growth. This is not false reassurance; it is a way of helping them to gain a sense of direction and values in their lives - ie. what helps them they should value and do more of. It reflects a very early developmental process where being able to tell the difference between 'good' and 'bad' aspects of the self is aided by a form of parental attunement: tuning up the 'good' and toning down the 'bad'. LAC

children know all abut the 'bad' and very little about the 'good' in them. Therapeutic opportunities are missed when positive aspects of the child are not actively pointed out to them" (Participant 1)

"what you're doing is, is actually uh, putting together and building an ego supportive and helping you know, adaptive defences and that you shouldn't , you don't have to be looking for the trauma because its there anyway. It's more about processing the trauma or finding ways of coping with it" (Participant 7)